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ABSTRACT

The purposes of this conference were: (1) to present research representing a variety of topics and study designs; (2) to disseminate findings of nursing research; and (3) to stimulate the use of research and theory as a basis for clinical, educational, and administrative practice. The keynote address and two invited presentations are presented in full: "Fulfilling Nursing's Potential through Research" (Schlotfeldt); "Feasibility of Generating Researchable Problems in Nursing Practice, Education, and Administration" (Huckabay); and "Minorities in Nursing Research" (Richards). Abstracts are provided for other conference presentations including: "The Case for Philosophical Inquiry in Nursing" (Allen); "Non Empirical Research in Nursing" (Fowler); "Faculty Report on the Organization and Structure of the Clinical Laboratory Experiences of Senior Students in Baccalaureate Nursing Programs" (Makarem); "Effects of Teaching Critical Elements of Psychomotor Skills to Baccalaureate Nursing Students" (Paulfrey); "Persistence among Registered Nurse Students in a Baccalaureate Program" (Dehn); "Is There a Difference in Clinical Performance between Graduates of R.N. Programs?" (Jacobsen-Webb); "Needs Assessment of Registered Nurse Students in a Baccalaureate Nursing Program" (Rabago); "Family Systems Functioning and Family Physical Health Practices" (Phipps); "The Stability of Cognitive Functioning in the Institutionalized Elderly" (Ivan); "Social Support and Self-Care Health Practices in the Independent Elderly" (Redelfs); "Adolescent Hypertension and Associated Cardiac Risk Factors" (Ellis); "The Effect of Blood Volume Status on Pulmonary Artery Pressures" (Schwartz-Lookinland, Shoemaker); "The Effects of Relaxation on Anxiety and Classroom Behavior in School Children" (Rector); "Multidimensional Stress Management in Nursing Education" (Russler); "Stress Management among Filipino Nurse Executives" (Flores); "Fiedler's Contingency Theory of Leadership: Implications for Nursing" (Ivan); "Coping Behaviors and Social Support among Women Caregivers of Frail Elderly in the Home" (Coleman); "Social Support and Maternal Perceptions in Primigravidas" (Hughes); "Nursing Intervention in the Maternal Perception of the Premature Infant" (Brownell); and "A One Year Mortality Study of the Most Critically-Ill Children in a Pediatric Intensive Care Unit" (Medicus). (YLB)

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CONFERENCE PROCEEDINGS

POTENTIALS UNLIMITED: NURSING PRACTICE, EDUCATION AND ADMINISTRATION

THE FIRST NURSING RESEARCH CONFERENCE

APRIL 8, 1987

Edited by:

Marilyn-Lu Jacobsen-Webb, R.N., Ph.D.

Department of Nursing and Nursing Honor Society
California State University, Fresno
Fresno, California 93740

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Forward

The impetus for the research conference for which these proceedings are the proud publication, was generated by Dr. Karen Nishio, Chairperson of the Department of Nursing. As Dr. Nishio continued her leadership and made appointments to major committees, there was a mandate to emphasize nursing's research and scholarship. The committee structure for the year included a committee charged with the task of developing the organization for a local honor society and a new task for the Research Committee--a conference which would be the Department's contribution to the celebration of California State University, Fresno's 75th Anniversary.

The tasks were formidable since there were only seven months before the April date designated and no funds had been budgeted. Fortunately, a grant application was successful. These funds were strictly regulated and permitted only expenses for the five outstanding speakers, who were brought to campus from very busy schedules.

The Honor Society's successful fund raising contributed the "extras" such as printing programs and coffee, and a myriad of other items that made the day memorable. It would have lacked luster without their help.

It would also have been impossible to get these proceedings to be published without the assistance of the secretarial staff. Many thanks go to Ms. Marilyn Berglund and Ms. Helen Young, who carefully monitored the typing.

The committee, which has been named in later pages, worked enthusiastically as we developed new protocols and experimented with options for success. They are to be commended for a job well done.

To place the achievement of this conference in perspective, a short background of the Department's 30 year history is appropriate. The Department of Nursing offers a generic baccalaureate, a post-baccalaureate Health Services Credential program for school nursing, and a master of science degree in nursing.

The Department of Nursing is the fourth largest department in the University with 748 students (603 undergraduate and 145 graduate students) registered in the major. Since its establishment in 1957, the Department has experienced phenomenal growth and development. The first undergraduate class was admitted Fall, 1958 and graduated a class of 22 students.

The master's degree program was established Fall, 1968, and the first graduating class had seven students. During Fall, 1987, there were 117 declared graduate students; the majority of these students

were enrolled for part-time study. Since 1971, 235 students have been granted a master of science degree in nursing. Twenty degrees were granted in 1986-87 (Institutional Research, 1987).

The baccalaureate program is accredited by the California Board of Registered Nursing. The most recent accreditation was obtained in September, 1984. The program has had accreditation by the National League of Nursing (NLN) since 1964. The most recent accreditation in October 1987 was granted for six years, with the next review scheduled for 1993.

The master of science degree program has had continuing accreditation by the NLN since 1971. A University Program Review was conducted on November 2, 1984, and the program was fully accredited. The next regular cycle is scheduled for 1989.

This, the first Nursing Research Conference attracted over 350 participants. The presenters numbered one who traveled from as far away as Oklahoma and others, some from distant parts of California, as well as a distinguished number of faculty, graduate students and representatives from local health care agencies.

We were also pleased to have the President of the University participate in our conference as well as the Academic Vice President, the Graduate Dean and the Dean of the School in which the Department is placed.

The architectonics that formed the conceptual planning for the conference was based on the foundation and frame which was provided by Dr. Schlotfeldt's presentation. Although thrombophlebitis did not allow this distinguished pioneer to be with us, her speech was, none the less, delivered to the audience. The longitudinal "beams" of our conceptual structure were presented by Dr. Fowler's paper on history of research in ethics and Dr. Allen's challenge to our thinking related to the nature of philosophical inquiry. Dr. Huckabay assisted the audience's erstwhile researchers with tools and methods utilized to capture phenomena and measure it. The "rooms," in the house we were building, were clearly labeled as research dedicated to the "practice," "education" and "administration" arenas and were provided by the 24 selected presenters. To stimulate our audience to persist, Dr. Hilda Richards, the luncheon speaker, identified outstanding nurse researchers who are also designated as minority persons.

The day proved to be an ineluctable challenge and brimmed with cognitive stimulation. We are optimistic about the future of nursing research and improving nursing practice and the health of the people we serve and this Department's contribution to it.

Marilyn-Lu Jacobsen-Webb, R.N., Ph.D.
Chair, Research Committee
Department of Nursing
California State University, Fresno

SPONSORING AGENICES AND COMMITTEE MEMBERS

The following were members of the respective committees chairing 1987.

RESEARCH COMMITTEE, DEPARTMENT OF NURSING

Marilyn-Lu Jacobsen-Webb, R.N., Ph.D., Chair
Karen Nishio, R.N. Ed.D., Liaison, Nursing Honor Society
LeAnn Curl, R.N., Ph.D.
Mary Ivan, R.N., Ph.D.
Selwa Makarem, R.N., Ed.D.
Sam Wilkerson, R.N., Ph.D.
Jean Hoelscher, R.N., BSN, Graduate Student

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Liz Doehring - Secretary
Jane Blood Siegfried - Treasurer
Karen Nishio, Eleanor Stittich - Advisors

The Committees are please to announce and recognize the contributions made to the Conference by the following agencies:

CONTRIBUTORS

Community Hospitals of Central California Education and Training Department
Community Hospitals of Central California Nursing Departments
Fresno Convention Center
Lou Gentile's Flower Basket
Personal Care
Pistachio Commission
PRN Home Health Agency
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Valley Children's Hospital, Nursing Department

California State University · Fresno

75th Anniversary 1911-86

PROGRAM

"Potentials Unlimited: Nursing Practice, Education and Administration"

The First Nursing Research Conference

April 8, 1987

Sponsored by

Department of Nursing and Nursing Honor Society
California State University, Fresno
Fresno, California

INTRODUCTION

The Research Committee of the Department of Nursing proudly inaugurates its First Nursing Research Conference, as a part of the University's 75th Anniversary Commemoration. The Nursing Honor Society, established in 1986, joins in this endeavor. The theme of the conference is "Potentials Unlimited: Nursing Practice, Education, and Administration."

The purposes of this research conference are to present research representing a variety of topics and study designs, to disseminate findings of nursing research and to stimulate the use of research and theory as a basis for practice in the clinical, educational, and administrative realms.

OBJECTIVES

At the completion of this program, participants should be able to:

Apply the acquired knowledge in a selected area of practice, education, or administration.
Identify researchable nursing problems.

PROGRAM

8:30 am — REGISTRATION, SATELLITE COLLEGE UNION

9:00 am — WELCOME

Marilyn-Lu Jacobsen-Webb, *Chair, Research Committee*
Deborah Stanley, *President, California State University, Fresno, Nursing Honor Society*

GREETINGS
Dr. Harold Haak, *President, California State University, Fresno*
Dr. Karen Nishio, *Chairperson, Department of Nursing*

9:15 am — **KEYNOTE ADDRESS**
Rozella M. Schlotfeldt, *R.N., Ph.D., FAAN*
"Fulfilling Nursing's Potentials Through Research"

10:05 am — **COFFEE**

10:20 am — **CONCURRENT RESEARCH SESSION I**
(Each presentation lasts half an hour)

A. Moderator: **Dr. Filomena Flores** — Room: CU 312
"Faculty Report on the the Organization and Structure of the Clinical Laboratory Experiences of Senior Students in Baccalaureate Nursing Programs."
Selwa Makarem
"The Relationship Between Nursing Education and Performance of Identified Competencies in an Acute Child Health Care Setting."
Carolyn M. Orlowski
"Effects of Teaching Critical Elements of Psychomotor Skills to Baccalaureate Nursing Students."
Mae Paulfrey

B. Moderator: **Dr. Mary Banigan** — Room: CU 313
"Persistence Among Registered Nurse Students in a Baccalaureate Program."
Marlene Dehn
"Is There a Difference in Clinical Performance Between Graduates of RN Programs?"
Marilyn-Lu Jacobsen-Webb
"Needs Assessment of Registered Nurse Students in a Baccalaurate Nursing Program: Implications for the Curriculum."
Nani Rabago

C. Moderator: **Dr. LeAnn Curl** — Room: UC 200
"Health Perceptions of the Hmong: An Ethnographic Study."
Barbara Hollinger
"A Study of the Relationship Between Self Disclosure, Dyadic Satisfaction and Interpersonal Needs in Exclusive Dyadic and Multilateral Relationships."
Joan Fiorello
"Family Systems Functioning and Family Physical Health Practices."
Su An Arnn Phipps

D. Moderator: **Dr. Patricia Kissell** Room: CU 314
"The Stability of Cognitive Functioning in the Institutionalized Elderly."
Mary R. Ivan
"Social Support and Self Care Health Practices."
Sharon Redelfs
"The Influence of Social Support Systems and Personal Belongings on Cognitive Impairment Among Elderly Women with Hip Fractures."
Kathleen H. Werle

E. Moderator: **Dr. "Sam" Wilkerson** Room: UC 202
"Social Support, Spousal Participation and Compliance with Health Care Regimens Among Cardiac Rehabilitation Participants."
Mary Collignon
"Adolescent Hypertension and Associated Cardiac Risk Factors."
Brenda Ellis
"Effect of Blood Volume Status on Pulmonary Artery Pressure."
Sandra Z. Schwartz-Lookinland and William C. Shoemaker

12:00 Noon **LUNCH, RESIDENCE DINING HALL**

12:30 pm Moderator: **Dr. Judith Kuipers,** *Vice President for Academic Affairs*
"Minorities in Nursing Research: Where are They and Where Ought They Be?"
Hilda Richards, R.N., Ed.D.

1:10 pm SATELLITE COLLEGE UNION

Moderator: **Dean Richard D. Ford,** *School of Health and Social Work*
"Non Empirical Research in Nursing: Ethical Inquiry and the Logical Circle."
Marsha D. Fowler, *R.N., Ph.D.*

2:10 pm **CONCURRENT RESEARCH SESSION II**
(Each presentation lasts half an hour)

F. Moderator: **Dr. LeAnn Curl** Room: CU 309
"The Effects of Relaxation on Anxiety and Classroom Behavior in School Children."
Cherie Rector
"Multidimensional Stress Management in Nursing Education."
Michael Russler

G. Moderator: **Dr. Judith Keough** Room: OS 179
"Stress Management Among Filipino Nurse Executives."
Filomena C. Flores
"Fiedler's Contingency Theory of Leadership: Implications for Nursing"
Mary R. Ivan

H. Moderator: **Dr. Selwa Makarem** Room UC 200
"Moral-Ethical Decision Making: As a Nurse and as a Lay Person."
Elizabeth O. Bridston
"Coping Behaviors and Social Support Among Women Caregivers of Frail Elderly in the Home: Implications for Nursing Practice."
Esther Coleman

I. Moderator: **Dr. Mariamma Mathai** Room: CU 310
"Social Support and Maternal Perceptions in Primigravidas."
Jennifer Hughes
"Maternal Perceptions of the Premature Infant."
Lynne Brownell

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J. Moderator: **Dr. "Sam" Wilkerson** Room: CU 311
"The Stability of Axillary and Rectal Temperatures by Electronic Thermometer Measurement in Children."
Julie Bright
"A One Year Mortality Study of the Most Critically-Ill Children in a Pediatric Intensive Care Unit."
Lori A. Medicus

2:50 pm COFFEE

3:10 pm SATELLITE COLLEGE UNION
Moderator: **Dr. Vivian A. Vidoli,** *Dean of the Division of Graduate Studies and Research*

4:00 p.m. Moderator: **Dr. Selwa Makarem**
"The Case for Philosophical Inquiry in Nursing."
Carol Easley Allen, *R.N., Ph.D.*

4:50 pm CLOSING REMARKS
Rozella M. Schlotfeldt, *R.N., Ph.D., FAAN*

5:00 pm RECEPTION — Upstairs Cafeteria
CONTINUING EDUCATION CERTIFICATE DISTRIBUTION

Certificates of Continuing Education will be available. Provider approved by the California Board of Registered Nursing, Provider Number 00176, for 7 contact hours.

SPEAKERS

Rozella M. Schlotfeldt, R.M., PH.D., FAAN
Dean Emeritus, Case Western Reserve University, Cleveland, Ohio.
An internationally known leader, author and forecaster of the future. Dr Schlotfeldt has received numerous awards for her contribution to and achievements in nursing education.

Carol Easley Allen, R.N, PH.D.
Associate Professor of Nursing, California State University, Los Angeles.
Dr. Allen has extensive experience as a nurse educator in Community Health Nursing and is on the cutting edge of philosophical inquiry.

Marsha D. Fowler, R.N., Ph.D.
Associate Professor of Nursing, California State University, Los Angeles.
A consulting ethicist, Dr. Fowler was a Joseph P. Kennedy Jr. Fellow in Medical Ethics at Harvard University and has published widely.

Loucine M.D. Huckabay, R.N., C.P.N.P., Ph.D., FAAN
Professor of Nursing, California State University, Long Beach.
A prolific author, Dr. Huckabay has three texts, including, "Conditions of Learning and Instruction in Nursing", many articles and is on six editorial boards of nursing.

Hilda Richards, R.N., Ed.D.
Provost and Vice President for Academic Affairs, Indiana University of Pennsylvania, Indiana, Pennsylvania.
Dr. Richards is the first editor of the Journal of National Black Nurses Association.

RESEARCH COMMITTEE

Marilyn-Lu Jacobsen-Webb, *R.N., Ph.D., Chair*
Karen Nishio, *R.N., Ed.D., Liaison, Nursing Honor Society*
LeAnn Curl, *R.N., Ph.D.*
Mary Ivan, *R.N., Ph.D.*
Selwa Makarem, *R.N., Ed.D.*
Sam Wilkerson, *R.N., Ph.D.*
Jean Hoelscher, *R.N., BSN, Graduate Student*

CONTRIBUTORS

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Advisors — **Karen Nishio, Eleanor Stittich**

KEYNOTE SPEAKER

Rozella M. Schlotfeldt, B.S., S.M., Ph.D., F.A.A.N.

"FULFILLING NURSING'S POTENTIALS THROUGH RESEARCH"

A distinguished career has been made more illustrious by four honorary Doctor of Humane Letters, election to the National Academy of Sciences, recognition through coveted awards from the American Nurses Association, the National League for Nursing, and Sigma Theta Tau. Six universities in various parts of the country have honored her with service awards. These awards complement over 150 publications in professional and scientific journals, participation on numerous boards on the national level and a career in education that allowed her to implement an innovative model of nursing education. She continues that career in her retirement as Dean Emeritus of Case Western Reserve University, Cleveland, Ohio and as a visiting professor of nursing to distinguished programs around the country.

INTRODUCTION OF KEYNOTE SPEAKER

Karen H. Nishio, Ed.D.

Department of Nursing
California State University, Fresno
Fresno, California 93740

I wish to extend the welcome to you for the first nursing conference on this campus. These are very exciting times in the Department of Nursing with many firsts that reflect our potential unlimited.

This conference has been the Department's dream for many years and under the leadership of the Department's Research Committee, chaired by Marilyn-Lu Jacobsen-Webb, the conference has become a reality. This conference is also sponsored by the CSUF Nursing Honor Society. I am sure many of you in the audience have heard for years the Department's aspiration to have a Nursing Honor Society on this campus. The Nursing Honor Society was established last fall and it is well on its way with Debbie Stanley as the first president.

For years, we have also considered ways in which we could share with our alumni, students, friends of the Department of Nursing, and colleagues, the development of the Department. Just last week, we published our first newsletter, that is available for your perusal. Sharon Greenwell, who chairs the Department's Public Relations Committee, enabled us to realize our potential.

During this 75th Anniversary of the University, the Department of Nursing is proud of its achievements as we move forward towards our Potential Unlimited.

I hope this conference will stimulate you to seek your Potential Unlimited and will serve as a stimulus for continuing commitment in search for nursing knowledge through nursing research. Last evening, Dr. Loucine Huckabay was our speaker at the pre-conference dinner. Dr. Huckabay shared with us her philosophical framework for research. She emphasized the importance of "perceptual set," that is an attitude about nursing research. Your presence at this conference indeed reflects your "perceptual set" and commitment towards research as a natural phenomenon in nursing practice, education, and administration.

Before I read Dr. Schlotfeldt's speech, I wish to share with you her phenomenal contribution to the status and future of nursing. She is a visionary and it is impossible to think of progress in nursing without acknowledging her influence in the course of events in the last fifty years. If I were summarizing her credentials, I would say her career represents the theme of this conference: Potential Unlimited.

INTRODUCTION OF KEYNOTE SPEAKER
(Continued)

Karen H. Nishio, Ed.D.

Dr. Schlotfeldt is nationally and internationally known as the proponent of the nursing doctorate as the entry level degree in nursing. She is also an advocate of nursing as a learned profession, with the need for nursing to reflect all of the characteristics found in any learned profession. She is a staunch supporter of the collaboration-unification model between nursing education and nursing service as the primary means for furthering the goals of professional nursing.

In reviewing her resume, I was impressed with her consistent and continuous effort to enforce her philosophic commitment to professional nursing. She is a prolific writer with over 150 publications in prestigious journals and books. She is a spokesperson for the cause of professional nursing and in great demand as a speaker at professional conferences. She is a worker and served on every landmark committee in nursing. She has received many honors, including honorary doctorates from the Wayne State University, Adelphi University, Georgetown University, and the University of Illinois at Chicago.

She holds the bachelor's degree in Nursing, Magna Cum Laude, from the University of Iowa, master of science in nursing education, and administration from the University of Chicago, and a Ph.D. in Education-Curriculum Development for the University of Chicago.

She has held many academic appointments in prestigious institutions such as the University of Iowa School of Nursing, the University of Colorado School of Nursing, and Wayne State University. She was professor and dean at Case Western Reserve University from 1960 to 1972 and she is currently professor emeritus and dean emeritus, Case Western Reserve University.

FULFILLING NURSING'S POTENTIAL THROUGH RESEARCH

Rozella M. Schlotfeldt, Ph.D.

Professor Emeritus and Dean Emeritus
Frances Payne Bolton School of Nursing
Case Western Reserve University
Cleveland, Ohio 44106

At this time of celebration in recognition of the progress made by California State University, Fresno over the past three quarters of a century, it is appropriate to rejoice also about the accomplishments of its several component parts and of the actual and potential contributions of the disciplines and professions each of its units represents.

The theme for this anniversary celebration conveys the optimistic message that human potential is unlimited, undoubtedly and appropriately conveying confidence in training of the intellect. It is the thesis of this presentation that the key to fulfillment of nursing's ever expanding potential is systematic inquiry through which to discover, expand, clarify, verify, and continuously re-structure the corpus of professional knowledge that should be mastered by all who seek to enter the profession called nursing.

This paper is based upon some philosophic beliefs about nursing, the profession, and about nursing, the discipline. Those beliefs will be explicated and the rationale for them presented. The body of the paper also addresses fundamental questions that must be addressed concerning nursing's research agenda to enable the profession to fulfill its ever expanding potential as a primary health profession and a respected academic discipline.

Nursing, the Profession

As here conceived, nursing is a highly complex, helping service that is essential to the well-being of all human beings at particular times during their lives. Its professional practitioners should manifest characteristics that are expected of members of learned professions, e.g. law, the ministry, and medicine, The most obvious justification for that position derives from the fact that nurses, just as members of other learned professions, are expected to provide beneficially consequential services for the most complex of all living creatures, namely human beings, of whom knowledge has always been, still is and likely henceforth will be quite incomplete. Nurses deal directly with persons of all ages, all cultures, all races, all social groups, and with persons who are subjected to remarkably diverse and often difficult circumstances of life and living. Services rendered by nurses are highly personal, typically intimate, and often rendered in situations that are extremely stressful, both for the person(s) being served and for those who provide them professional services. Services

provided by nurses are no more but surely no less complex, personal, intimate, and stressful than are those rendered by members of other learned professions.

Members of each learned profession fulfill a clearly distinguished social mission that is typically valued by human beings throughout the world. Indeed, because the work of learned professionals is deemed to be essential to the well-being of all individuals and collectives of individuals, members of human societies have typically institutionalized and supported pre-service preparation of professionals and officially regulated and controlled their practices. Some examples will point up how human values are reflected in the social mission of the learned professions.

Lawyers are expected to safeguard, protect, and preserve human justice as that term is interpreted in the several societies in which lawyers exist. The clergy are expected to promote the spiritual well-being and comfort of all persons who consult them. Physicians exist throughout the world to discover and determine the cause of human ills and to eradicate, eliminate, remove, control, or manage pathologic states through effective use of diagnostic and treatment modalities. Is the social mission of nursing of any less value than the missions of other learned professions?

Practitioners known as nurses have traditionally held responsibility for appraising and for acting to optimize the general health status, health assets, and health potential of those whom they serve. Included are persons who are essentially well but in need of nursing care because of their own temporary or more lasting lack of ability, function, knowledge, strength, or will to fulfill their health potential. Nurses also provide knowledgeable care for those who are infirm, impaired, ill, injured, troubled, declining, and dying. Nurses assist those of them who have the potential to regain health, comfort, function, and self fulfillment while at the same time safeguarding the dignity that is appropriate to their humanity. Nurses also assist human beings to attain or regain independence in managing their own health and therapeutic regimens. Surely health, comfort, function, self-fulfillment, and independence must rank high among human values.

In order to fulfill their unique, socially valued roles, members of the helping professions must master and be able to use vast amounts of particular professional knowledge which they must learn to apply in practice selectively, skillfully, creatively, humanely, and ethically, and with the exercise of exquisite judgement, since each person served presents unique needs. Surely there can be no doubt that nursing should become and become recognized as one of the world's learned professions. Surely also its professionals should be clearly identified, properly socialized, and officially credentialled in consideration of the consequential nature of their work and the arduous responsibilities they regularly carry. But nursing and professionals in nursing are not yet so identified and credentialled,

nor is their preparation regulated and controlled by qualified professionals in the field of nursing. The primary reason is that the subject matter that comprises nursing's system of professional knowledge, otherwise known as the discipline that is fundamental to professional practice, has not yet been identified and agreed upon by qualified professionals; also, all schools of nursing claiming to prepare professionals are not required to demonstrate that their curriculums encompass, at the minimum, an essential, agreed-upon body of knowledge. Instead, nursing schools offering programs of study from two to six years in length and those which award graduates a variety of symbols of accomplishment recommend their graduates as eligible to take a credentialling examination which, if passed, admits them to undifferentiated registered nursing practice. Moreover, the nature and length of those several kinds of programs of study in nursing are prescribed and controlled in the political arena and not by qualified professionals in the field. How could such a circumstance develop? It developed because in 1903, nursing leaders seeking to enforce some desirable standards in nursing education opted to lodge such control in the newly developed and developing state regulatory boards (1). That control still resides with the several state boards of nursing. However well qualified nurse members of the boards might be, all are political appointees whose decisions and actions are subject to political influence, and not all board members are nurses. Can you envision physicians and lawyers being willing to have the educational requirements for their practitioners set by other than qualified professionals in their own fields?

In seeking to understand the evolution of nursing toward professionhood it is instructive to review the development of other professions and to take special note of the central position held by research and scholarship in the developmental process.

All learned professions began as simple tasks accomplished by functionaries who were not formally prepared but rather, merely professed their crafts. Each craft was initially based upon meager knowledge acquired through experience, trial, and error. Subsequently each become a vocation as apprentices learned from those who were recognized as master crafts-persons and as vocational training became formalized. With the scientific revolution, knowledge was advanced and scientific facts and principles were incorporated into programs of study preparing practitioners, replacing experience and faith in providing explanations for events and circumstances encountered in practice. Vocations then became, in essence, applied sciences, or technologies.

Eventually, leaders in the helping occupations came to the realization that basic scientists would never supply all of the scientific knowledge that practitioners needed simply because they did not ask practice-relevant research questions nor experience the curiosity that was engendered by needing knowledge that simply was not available with

which to resolve practice problems. Forward looking leaders in the helping vocations then began to support their own groups of investigators who addressed practice relevant questions and went in quest of answers for them by engaging in systematic inquiry. As their investigations yielded here-to-fore unavailable knowledge that was uniquely relevant to practice, scholars in the field organized that knowledge and eventually structured it as the scientific aspects of the discipline essential to professional practice. The emergence of technologies to professions was then guaranteed.

Although the scientific revolution gave the greatest impetus to the development of professions, science was recognized to be not the only kind of knowledge that professionals needed in their intellectual armamentaria. The delivery of exemplary practice was recognized as reflective of practitioners' mastery of humanistic and philosophic knowledge as well. Those professions then broadened the scope of their scholarly inquiries to include the several kinds of knowledge deemed to be relevant and fundamental to exemplary practices. Those are the professions that became known as learned professions. Throughout their development, and now, those professions retained firm control of pre-service education, providing state regulatory boards with standardized examinations through which a license process controls practice.

Although the rates of transformation of crafts to vocations, to technologies, and to professions varied remarkably, the pattern of change has typically been manifested by all fields of work that have attained professional status. Research and scholarship were keys to attaining that status.

It must be agreed that nursing's development toward universally manifesting characteristics of a profession has mirrored that of other professions, although it has been remarkably uneven, halting, and unduly tardy. The reason undoubtedly resides primarily in the lack of respect that has traditionally been accorded the caring functions that are carried out by nurses in countries throughout the world. Those caring functions have typically been denigrated and considered to be mere extensions of simple domestic tasks, judged to be gender-linked obligations appropriate for wives, mothers, and female members of religious orders, rather than value laden, complex functions essential to the well-being of all human beings during their dependent states and worthy of becoming a potentially rewarding and rewarded profession (2).

History records, however, that the remarkable value of the caring functions provided best by nurses has been repeatedly, frequently, and dramatically demonstrated during wars, such as Scutari, the War between the States and the Great World War; during plagues and epidemics; and during natural disasters and human tragedies of several kinds. In the past, sometimes reluctantly and grudgingly and always belatedly, some social leaders finally came to realize that nursing is not only an essential and often crucial service; it is also a valuable

and highly valued service. Gradually, nurses themselves have become convinced that their services are valuable and they, too, are growing in the respect they have for their profession and in appreciation of their own self-worth. That has led increasing numbers of nurses to become professionals and scholars and to contribute to enhancing the knowledge base for nursing practice.

The occupational field of nursing now reflects in its entirety its vocational, technical, and professional stages of development and there are at least selected nurses in several of the developed countries who truly are learned professionals. The possession of a magnificent armamentarium of essential general and professional knowledge and the ability to use it creatively, skillfully, humanely, ethically and with the exercise of exquisite judgement in practice provide the distinguishing characteristics of those learned professionals.

Logic dictates that an essential, complex, valued, and beneficially consequential health service should qualify as a learned profession. Thus, there can be no question that one of the highest priorities for nursing's scholars is that of identifying and obtaining consensus about the extant knowledge that is fundamental to professional nursing practice. The missing link to nursing's unequivocal claim to being a profession is a system of education and a credentialling system that require all practitioners licensed as professionals to demonstrate mastery of a clearly identified body of professional knowledge that qualified professionals agree represents the discipline of nursing.

Nursing, the Discipline

It is only in the relatively recent past that nursing's literature has reflected scholars' concern with identifying the discipline of nursing. That is not to say that nurses did not previously seek to discover knowledge and to enlarge the rational bases for their work. It is to observe, however, that there is not yet widespread understanding of the concept of nursing, the discipline, as different from the concept of nursing, the profession. Also work has just begun on identifying the subject matter that is essential for those who seek to become prepared as professionals in the field.

The recently completed study sponsored by the American Association of Colleges of Nursing has identified categories of essential nursing knowledge, thus giving credence to my earlier allegation that subject matter included in the discipline has not yet been identified and agreed upon by qualified professionals (3).

It is proposed that the discipline of nursing can be conceptualized as a large, expandable, and permeable sphere, expandable and permeable to give recognition to the need for adding newly discovered knowledge and for deleting that found through research to be in error.

Approximately half of the sphere's volume can be conceived to represent scientific knowledge. Science will likely always be the largest and surely the most rapidly changing segment of the discipline. Therein belongs all of nursing science, i.e. the verified facts, principles and laws that have been discovered through scientific inquiry, along with scientific theories that hold promise for guiding scientific research. A large part of that scientific segment of the sphere representing nursing knowledge has been discovered by biological, physical, social, behavioral, economic and other basic scientists and been found to have relevance and utility for nursing practice. A large part of nursing's scientific knowledge is also that derived from nursing investigators' testing of theoretical notions propounded by basic scientists, but using clinical nursing settings for the tests. Indeed, most of nursing's clinical research conducted to date has been guided by theoretical notions propounded by basic scientists (4). There is, however, another component of nursing science that is an integral part of nurses' intellectual armamentarium. That is verified knowledge derived from both basic and clinical research that is designed to learn more than is currently known of human phenomena that are of particular and unique concern to nurses. It is represented by tests of hypotheses, propositions and theories proposed to describe, explain, and permit predictions about human phenomena that are of particular concern to nurses and to nursing practice. Such scientific theory development as yet, is in its earliest stages of development and testing among nursing's scholars (5). Indeed, there is still little agreement among nurses concerning what those phenomena are, how the should be named, characterized, and classified, knowledge of them advanced, and how. None-the-less, interest in scientific theory development is high among nursing scholars and it is safe to predict that nursing's scientists and scholarly practitioners will henceforth be productive in that regard.

Another major segment of the sphere conceived to represent the nursing discipline is knowledge of its heritage. That segment, too can be considered to encompass subject matter of two kinds. One is the subject matter representing the heritage of nursing as a developing occupation and profession along with circumstances and events relevant to that development; the second is the history of nursing knowledge as it has been organized and transmitted to new generations of practitioners over time.

Nursing's philosophic knowledge is encompassed in another important segment of the sphere that represents the discipline. Included therein is subject matter concerning the profession's accepted values and code of professional behavior, along with philosophic theories that have been tested, found useful and relevant, and accepted by the profession as principles for guiding practices. Included as illustrative are theories of justice, morality, ethics and value. With widespread recognition of the ethical and moral dilemmas that nurses frequently encounter in their practices, increasing attention will surely be given to the philosophic subject matter that is an essential component of the discipline. The fact that increasing

numbers of nurses are studying to become scholars in the discipline of philosophy lends added credence to that prediction as well.

Knowledge of nursing strategies and technologies can be conceived to represent another essential segment of the body of knowledge fundamental to professional practice, including the artistic and scientific principles essential to their execution. Yet another section of sphere encompasses knowledge of the current health care system, along with nursing's actual and potential contributions to it--and evaluations of its efficacy. It is likely that nursing's body of knowledge should or may also encompass knowledge of competing cure and care systems, their costs, and relative values.

Knowledge of the personal dimensions of the caring function must be recognized as a significant segment of nursing's discipline. Included should be knowledge of assets of the human spirit, such as human spirituality and belief systems and other health-seeking assets which vary among subjects. Included, e.g., are verve, determination, courage, ambition, faith, hope, and aspirations. Nursing scholars' interests and research agendas may henceforth remarkably augment that segment of the discipline.

A significant segment of nursing's discipline includes knowledge of factors and circumstances that remarkably affect the health status, assets, and potential of human beings, both favorably and adversely. Included are genetic endowment (biological, physical and cognitive); social, economic, and environmental factors; and knowledge about pathologic states and diagnostic and treatment modalities.

It is proposed that this, or a similar scheme for classifying the kinds of knowledge that are essential to professional nursing practice, represents the first step toward identifying the corpus of specific subject matter that at the minimum must be mastered by those who seek to enter professional nursing practice. It also provides an approach to identifying schools of nursing whose curriculums fulfill the criterion of transmitting to potential professionals the knowledge which enables them to practice as professionals, and for the development of a license, in contrast to a registration procedure for those who are truly professionals. Scholarly work through which to identify and continuously update the discipline which underlies nursing practice surely represents the key to fulfillment of nursing's potential. What, then, is the status of nursing's scholarship?

Nursing Scholarship

Nursing has a magnificent heritage with regard to its developing scholarship. It is generally well known that Florence Nightingale was recognized as one of the world's first statisticians. Her contributions to nursing research include insistence on the value of accurate observations of natural phenomena of concern to nursing and the importance of data in providing evidence. Several of nursing's early scholars engaged in historical inquiry and meticulously

documented the influence of people, events and circumstances in shaping nursing's heritage. The organized profession, speaking through the voice of the American Nurses' Association, codified the philosophic values and principles that have guided nursing practice, thereby giving recognition to philosophic inquiry as an important part of nursing research. Some of nursing's early leaders, e.g. Lillian Wald and Lavinia Dock engaged in studies which in today's terms would be identified as a test of the validity of a causal scientific theory. It postulated that the systematic introduction of the caring function provided by nurses would effect a reduction in illnesses experienced by school children, an increase in their regular school attendance, and an improvement in objective indicators of their general states of health (6).

Florence Nightingale enunciated the social mission of nurses, namely to put patients and people generally in their best condition for nature to act upon them--and thus, to assist them attain, retain, and regain optimal states of health. Her visionary views set nursing's research agenda by observing that Nature's laws of health were then largely unknown (7).

Beginning in the mid 1950s, the profession of nursing became committed to an enhanced research agenda. It has been accelerated remarkably in its pace and in the variety of inquiries in which steadily increasing numbers of nursing investigators engage. The profession now has a critical mass of investigators who are involved in philosophic, historical, and scientific research and a beginning has been made in nurse-researchers' participation in social policy research. A cadre of investigators are working to identify the economic costs and value of nursing care and nursing educators and administrators are searching for knowledge to advance the science basic to teaching and learning (for students and patients) and that which is fundamental to good administrative practices and management. Considerable optimism can thus be expressed concerning the expectation that nursing knowledge is being and will continue to be advanced as a consequence of nursing research. There is another major reason for optimism that nursing will fulfill its potential as a consequence of its research endeavors.

Nursing scholars have re-affirmed their belief that the essence of nursing and therefore the focus of its research is on discovery of knowledge through which to assist human beings achieve their highest health potential. Whereas early research endeavors did not contribute greatly to advancing knowledge essential for improving practices, consensus seems to be growing concerning the domain and focus of practitioners and their potential contributions to theory development and to identifying important research questions. The inexorable relationship between and among theory, research and practice has now been endorsed and generally accepted. Healthy debates now are on-going concerning appropriate approaches to discovering knowledge. Whereas earlier research endeavors typically were characterized by meticulous attention to rules of the research game and research methods

derived from a single view of science, nursing investigators are now open to exploring various philosophic orientations to the nature of science and willing to explore new methods of systematic inquiry. This is a time of intellectual ferment within nursing, an eagerness to explore significant research questions in new ways, some of them unique to the field of nursing practice. Nurses are on the quest for new methods and approaches to search for and to discover Nature's laws governing the health of human beings and they are sufficiently courageous and self-confident to search for and discover new means to assist those they serve make the most efficacious use of the human health seeking assets with which nature has so generously endowed them. Today you will be privileged to have specific evidence of the truth of the prediction that nursing is poised to fulfill its continuously expanding potential through its commitment to nursing research.

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Dr. Allen's Picture

was not available.

INVITED PRESENTER

Carol Easley Allen, B.S., M.A., Ph.D.

"THE CASE FOR PHILOSOPHICAL INQUIRY IN NURSING"

Currently, on the faculty of California State University, Los Angeles, Dr. Allen is a member of four honor societies and is Chairperson for the Governing Council of the Public Health Nursing Section of the American Public Health Association. She has presented multiple times on a range of subjects, conducted workshops in the U.S. and Canada and has published in three books. Her tool, "The Easley/Storfjell Instruments for Case-load/ Workload Analysis in Community Health Nursing, developed with two other authors, is an important adjunct to measuring the impact of economics in home health nursing and is to be published in Home Health Administration.

THE CASE FOR PHILOSOPHICAL INQUIRY IN NURSING

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The purpose of this presentation is to (1) discuss the nature of philosophical inquiry, (2) describe the practical process of philosophical inquiry in nursing, and (3) present an example of philosophical inquiry in nursing. The presentation concludes with a discussion of the value of this type of inquiry for nursing.

The first part of the purpose is addressed by a description of the aims and functions of philosophical research in nursing, an explication of the concerns that this type of inquiry is designed to address, and a review of the differences between philosophical and empirical research. Emphasis is given to a discussion of the nature and goals of philosophy and a comparison of philosophy and science.

Since the pursuit of philosophical inquiry is not normative in nursing, the second part of the purpose is approached through a description of the process through which this pursuit was made possible for the researcher. Personal, professional, and institutional circumstances and influences that contributed to this endeavor are explained. The practical process of philosophical inquiry in nursing is discussed, including such issues as the selection of mentors, the necessary educational experiences, the development of the research design, the statement of the problem, varied approaches to the data, and the preparation of the report. Problems unique to philosophical inquiry in nursing, e.g., the lack of peer support, are raised and considered.

The third part of the purpose leads to a discussion of a philosophical study entitled, Holism and Nursing: An Analysis of the Pragmatic Consequences of a Theoretical Concept for a Helping Profession," conducted by the presenter. The purpose of this study was to examine the various meanings of the concept of holism, its adoption into the profession of nursing, and the relationship of holism to nursing practice, research, and theory. A sociology of knowledge perspective provided the basic theoretical assumptions underlying the study as well as its methodology. Mannheim's two-level method of imputation was the specific process of analysis utilized. The concept of holism was surveyed in Western philosophy and selected scientific disciplines. In brief, the philosophical issues surrounding holism were found to include such concerns as the nature of reality; the character of

organic wholes; the adequacy of the physico-chemical method to treat such wholes; various polarized positions, such as reductionism and antireductionism; the relationship between the whole and its parts; the possiblity that totalitarianism may be inherent in the social extension of holistic ideas; and the problem of formulating adequate methods for the study of wholes. The nursing literature from 1900 to the early 1980s was approached to analyze the circumstances surrounding the adoption and modification of holistic concepts in nursing. The consequences of concepts of holism for nursing practice, research, and theory, and the implications of holism as a practice prescription, a conceptual base for research, and a philosophical issue were explored. The study concluded with an examination of holism's moral value and its part in establishing and extending nursing's territorial domain as influencing factors in nursing's disposition of the concept.

The presentation concludes with consideration of the significance of philosophical inquiry for the discipline of nursing.

INVITED PRESENTER

Marsha D. Fowler, A.A., B.S., M.S., Ph.D.

"NON EMPIRICAL RESEARCH IN NURSING: ETHICAL INQUIRY AND THE LOGICAL CIRCLE"

As a consulting ethicist, Dr. Fowler brings a rich background to her topic. She was a Joseph P. Kennedy, Jr., Fellow in Medical Ethics, Faculty of Medicine, Harvard University and received her doctorate in Social Ethics from the University of Southern California. Dr. Fowler is well published in nursing journals and is active professionally in multiple societies including chairing the Ethics Committees of the California Nurses Association. She is well published and is currently serving on the faculty of Azuza Pacific University.

NON EMPIRICAL RESEARCH IN NURSING: ETHICAL INQUIRY AND THE LOGICAL CIRCLE

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This research is a philosophical and historico-critical examination of nursing in the United States of America, from the late 1800s to the present. Its concern is to discover and explore the boundaries of the central moral motif of nursing, that is, the moral core or essence of nursing. It is the moral motif of any profession which guides and ought to guide the practice, planning, and policies of that profession.

This project relies heavily upon both a traditional philosophical and a sociology-of-knowledge methodology. These methods are used to analyze the interaction between nursing's ethics (the ideal) and nursing's social history (the real). While the ideal is universal, a priori, and judges history, it is only visible within the context of particular historical manifestations. The ideal judges history but is at the same time conditioned by it; history and ideal are interpenetrating.

The study finds that the central moral motif of nursing is the "ideal of service." It encompasses traditional ethical norms of obligation (e.g., justice, nonmaleficence--beneficence, autonomy, fidelity) and value (e.g., competence, skill, wisdom, knowledge, compassion) and is articulated in those terms. It also encompasses contemporary metaphors for nursing (e.g., caring, advocacy).

Though the ideal of service persists as the central moral ideal of the profession, there have been major shifts in its articulation. For example, the ideal moves from a focus upon what the nurse is to be (norms of moral value) to a focus upon what the nurse is to do (norms of obligation). In another shift, the ideal of service moves from an entirely patient-oriented ideal to one which incorporates professional self-regardingness.

As an ideal, it is conditioned by nursing's historical reality and yet judges that reality. This research uncovers particular examples in which nursing history conditions the ideal, working toward its reinterpretation, and the ideal judges nursing history, moving to reform it. Each of these examples of reciprocal conditioning is articulated in terms of either ethical norms of obligation or ethical norms of value.

Marsha D. Fowler, Ph.D.

History conditions the ideal: the ideal of service, once used to condemn collective bargaining and strikes becomes the justification for those activities.

The ideal judges nursing history: when some state nurses' associations barred Blacks from membership, the American Nurses' Association provided for direct membership, thereby bypassing unjust state practices.

The reciprocal conditioning of history and ideal means both that the ideal of service will judge and inform nursing's history and ethics, and that the ideal will undergo reinterpretation, influenced by the reality of the profession's historical and social context.

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INVITED PRESENTER

Loucine M.D. Huckabay, Diploma, B.S., M.S., Ph.D.

"FEASIBILITY OF GENERATING RESEARCHABLE PROBLEMS IN NURSING PRACTICE, EDUCATION AND ADMINISTRATION"

Dr. Huckabay, Professor of Nursing at California State University, Long Beach, has the distinction of being a member of six editorial boards for nursing publications. She is the author of three texts, many articles and is an active researcher and consultant on curriculum in this country and abroad. She presents workshops for the profession and has been honored by her election of the American Academy of Nursing and by her University for meritorious performance.

FEASIBILITY OF GENERATING RESEARCH PROBLEMS IN NURSING PRACTICE, EDUCATION AND ADMINISTRATION

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I. Introduction

The conduct of research should be a planned, systematic and logical process. What differentiates research from other less rigorous information gathering or problem-solving activities is this emphasis on a carefully designed and systematic approach to research process. The research process should meet the criteria of accuracy, objectivity and thoroughness.

The term "research design" is applied to the plan of the research that is developed prior to the actual launching of the study. The research design refers to the methodology for conducting the study. It is an important part of the total research process, which includes a number of steps beginning with the initial formulation of the problem and ending with the reporting of the findings of the study.

With respect to the steps of the research process, there is a definite sequence of recognizable steps that most researchers need to follow regardless of the discipline that they represent. These steps have to be thought out before the study is actually launched. When the actual steps of a research plan is written it is referred to as <u>research proposal</u>.

There are steps in the research process that progress in sequential order. Not every research project requires that all the steps be carried out in exactly the same order. For example, in descriptive or methodological studies you may not have a theoretical framework or a hypothesis in your proposal.

The steps of the research process are as follows:

1. Formulation of the problem
2. Review of the literature
3. Formulate the theoretical framework (if applicable)
4. Formulate your hypothesis (if applicable)
5. Operationally define your major variables
6. Determine the research design
7. Delineate the target population and sample selection strategy.
8. Develop your instruments to measure your variables
9. Describe how data will be collected...procedure
10. Determine the method of data analysis
11. Determine how results will be presented.

12. Determine how results will be interpreted in terms of:
    a. Discussion of the findings
    b. Implications to your discipline
    c. Limitation of the study
    d. Suggestions for future study

II. Formulation of a Researchable Problem and Determining its Feasibility

As you can see from the sequence of the steps of the research process, identification of a researchable problem is the first important step that needs to be undertaken if the rest of the steps have to follow. Statement of the problem serves as the cornerstone upon which the total research plan is based.

A researchable problem is defined by Abdellah and Levine (1979) as "a situation in need of a solution, improvement, modification, change or explanation." (p. 102).

A problem may be geared to a practical, real life situation and as a result precipitate applied research. The problem and the purpose are different. The researchable problem deals with the "what" of research. For example, what situation is not functioning well? What specific need of specific group of patients are not being met? The purpose refers to the "why" of research. It indicates the reason why this research is being conducted. The purpose and the problem should be closely related in a tight methodological plan.

How do you identify a researchable problem?

A. Selection of a Topic that is researchable

The very first step is the selection of a topic to be studied. This does not necessarily refer to the title of your study. It refers to the type of situations or patients you want to work with that are in need of a solution, or modification or change or explanation.

Sources of Research Topics

- Research topics can be suggested by a variety of sources. For example, authorities in the field or the existence of financial support. Some granting agencies will specify the types of patients they want you to investigate.

- Another very important source is the review of the literature especially, literature dealing with the findings of other research. Most research studies have a section that deals with suggestions for future research or in the discussion section of their research, they identify areas or issues that need further explanation or researching.

- Another source is the researcher's own background or experience. Is everything perfect where you work? Or have you ever said, "I wish somebody did something to correct this situation?" You may be the best person to investigate that situation.

- Theories and models are excellent sources for research topics. In social sciences, theories pertaining to personality, learning, behavior of small groups, social and occupational roles, perceptions, health belief models and so forth provide excellent basis for many different studies. The purpose of these types of studies can be either to test the theory to see if it really works or to apply it to some new situation among different study populations or settings.

- The subject matter for research in nursing are vast. We have the three branches of nursing. Patient care, nursing service and nursing education. Patient care aspects can deal with either direct or indirect patient care. With the onset of diagnostic related groups (DRGs) we need all kinds of research that specifies exactly the nursing care component for each DRG. We need this information so that we can say what nursing care is worth for each category of patient population so that we can charge for it and stop being considered as part of the room charge. Nursing service or administration problems can deal with the operation and functioning of the nursing department. For instance, problems dealing with staffing, employee morale, stress and burnout, productivity, staff cooperation, etc. Nursing education is concerned with the education of undergraduate and graduate education. Problems in these areas or in continuing education are much needed areas for investigation.

In selecting a researchable problem, it is important to keep in mind that the problem statement has to be very specific. Statements such as nursing shortage or increased health care cost are too broad. Such statements do not specify what type of nurses we are talking about? What geographic area? What shift? When we say there is nursing shortages or in the case of increased health care costs it doesn't specify for what type of services? What patient population? What geographic area?, etc.

The process of formulating a problem for research entails narrowing down a broadly stated problem area into one that is more restricted in scope. One way this can be done is through the formulation of significant questions about the problem area and definition of concepts and terms. For example, taking the problem of nursing shortage, some relevant questions can be raised such as:

- Is the shortage on the day shift as severe as the evening or night shifts?

- How do the specialty services compare with respect to their nursing shortages?

- What is the relationship between the number of nursing personnel available in the unit on a given shift and productivity of each nurse?

Questions pertinent to the increased health care cost can be: what is the percent increase in the health care cost within the past five years on:

a. routine doctor's visit
b. health care insurance coverage
c. the average hospital room charges, etc.

- What percent of elderly population in a given city or location have dropped health insurance coverage because of increased cost?, etc.

We therefore see that identification of the researchable problem is the most essential component of the research process.

B. Guidelines for assessing the researchability of a Problem

1. Is it feasible to conduct research on the problem?

Feasibility of pursuing a researchable problem can be evaluated by these criteria:

a. Is there appropriate methodology? That is, are there instruments that are valid and reliable to measure your variables? If not, can you and will you be willing to develop them yourself?

b. How long will it take to collect data and conduct the study? The length of time may be an obstacle.

c. Is there any possible danger to life or is the physical and mental well being of study subjects being adversely affected?

d. What is the cost for undertaking the research? If it is too expensive it may be prohibitive.

2. Is the Problem of Sufficient Importance?

If the researcher is going to spend large amounts of time, money or effort, we should expect the results of the study to be of importance to compensate for the resources used.

The importance of a research problem can be evaluated in terms of the following criteria:

a. The economic effect of the research finding needs to be assessed. That is, in what way will the research help the patient or humanity economically?

b. The possible effect of the research findings on the health and welfare of people

c. What is the frequency of the occurrence of the problem? The more frequent the occurrence of the problem, the more significant is the study that something be done about it.

3. To what extent can the findings of the study of the problem be generalized?

Sometimes research is evaluated according to the extent to which its findings can be applied to situations other than the research setting in which it was conducted. According to Abdellah and Levine (1979), there would be more justification to support a research study, if its findings have broad implications to other situations than only to the setting of the research study.

4. What need will the solution of the research problem meet?

To determine if the problem merits the effort of a formal research study, the need that will be met should be clearly discribed. This is often the purpose of the study. If the purpose cannot be defined, it is questionable whether the problem is researchable. Research is a purposeful activity. This purpose may be to add to the body of knowledge, or achieve a more immediate tangible objective such as develop a new product or procedure. Research should meet a real or existing need, otherwise it would be a sterile procedure as Abdellah and Levine (1979) point it out.

5. Is the problem of interest to the researcher?

Interest in the problem is a must for a researcher. It serves as a strong motivation to pursue the research project when obstacles or red tape prolong its process. Interest in the subject matter is one of the main determinants whether the researcher will complete the project to its successful conclusion or not.

6. Does the researcher have the competence to pursue the research problem?

This is absolutely essential. This does not mean that the researcher has to be knowledgeable and expert in all aspects of the research project, but he/she should have the following expertise:

a. Technical skills in research methodology

b. Some knowledge of the subject matter field of research

c. Ability to know when to make use of technical experts

d. Some judgement in coping with the many decisions that have to be made in the course of the research process (Abdellah and Levine, 1979).

III. Heuristic Principles in Identifying Researchable Problems and in Conducting the Research Project

A. Develop a frame of mind, or a "mental set" that spells "RESEARCH". This means to be tuned in to any researchable problem that exists in any setting or in any reading situation.

B. Whenever you get an idea in a meeting or in a discussion or in a dull meeting write it down. Do not rely on memory, because "insights" come and go.

C. Develop a folder and title it as "Researchable Problems". As you do your readings, you may come across excellent theoretical frameworks, documentations, tools, cut them out, and reference them, and clip them to your "topic slip". This will help you later with your review of the literature.

D. Whatever your area of interest is, make sure you keep up with it...be updated and have clinical experience, because most clinical problems originate at the patient care level. Nothing takes place in a vacuum. Knowledge and clinical experience exposes you to identification of researchable problems.

E. Be open to complaints of "I wish somebody did something about it"...these are excellent sources. Volunteer to work with them.

F. If you are doing a research project, ask a student to join you. They are excellent sources for data collection. Or, if a graduate student is doing a study, you can join them and do the second phase of the study.

G. Develop a spirit of perseverance...persistence, because without it, you may start and leave it undone halfway.

H. Don't expect to have long periods of undisturbed time. Develop a strategy where short periods of time can be effectively used.

I. Make a habit of devoting at least 1-2 hours per week for writing.

J. Set up target dates. When you have a goal, you tend to achieve it. Without goals, not much gets done.

Reference:

Abdellah, F. & Levine, E. (1979). Better Patient Care Through Nursing Research, Second Edition. New York: Macmillan Publishers.

INVITED PRESENTER

Hilda Richards, B.S., M.Ed., M.P.A., Ed.D.

"MINORITIES IN NURSING RESEARCH: WHERE ARE THEY AND WHERE OUGHT THEY BE?"

Dr. Richards has become a symbol of achievement for black women and nurses. She was appointed to the position of provost and vice president - a position that is being held by a very limited number of women. She has been an Education Fellow of the American Council of Education, holds a certificate from the Institute for Educational Management of Harvard University and has been in administration positions since 1965 with position titles such as Dean, Director, and Deputy Chief. Her career has given her the opportunity to be a member of numerous organizations and has been appointed to state level committees on social services and disabled persons. She has published articles and given numerous presentations. She has the onerous task of being the founding editor of the Journal of National Black Nurses' Association - a significant achievement for minority nurses.

Minorities in Nursing Research: Where Are They and Where Ought They Be?

Hilda Richards, EdD

Provost and Vice President
for Academic Affairs
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Indiana, PA 15705

I am pleased to speak at this conference at the California State University at Fresno. My reason for accepting the invitation is because I know your Academic Vice President, Dr. Judith L. Kuipers. She and I have been on a committee together and when I was looking for the position of Vice President, she was one of the people who volunteered to help me in my search. Therefore, I was pleased to return the favor and come to Fresno as a speaker upon her request.

I know that I tend to ramble when I give a speech, so I like to let my audience know the major points I want to make. They are as follows:

1. The limitations of literature considering minority nursing research.

2. Some statistics about minority nurses.

3. I would like to share with you something of my efforts to discover what literature there is about minorities in nursing. This led me to discover where the nursing researchers actually are.

4. I would like to speak a moment about the American Nurses' Association's Minority Fellows Program.

5. I would like to share with you my concerns about the still limited research being done on issues related to black and minority health. My hypothesis about this is that minority nurse researchers may underplay research in these areas for the sake of being accepted by their colleagues.

Over the weeks when thinking about how to frame a paper to respond to the question "Minorities in Nursing Research: Where Are They and Where Ought They Be?" I thought the topic to be both trite and complex. Where are they? They are all around the country, with schools of nursing or health

facilities, and doing the research they wish to do. That, of course, is the simplistic and superficial answer. When I ask most people around the country to name five minority researchers, I get back blank stares. Indeed, only because of my recent investigation I have become aware of the many minority nurses who are doing good solid research around the country.

Approximately one and one-half years ago I began researching the question "What Research Has Been Done on Minorities in Research?" My intention was to survey the literature on all minority nurses. What I found was a little information on blacks and a scant bit on all other minorities. After my library searches, I proved my hypothesis that little had been done, save a few, and I mean a very few, history on black nurses. Two such books are:

Black Women in the Nursing Profession: A Documentary History, edited and introduced by Darlene Clark Hine, 1985.

Pathfinder: A History of the Progress of Colored Graduate Nurses, Ada A. Thoms, 1929; republished, 1985.

In 1949, Estelle Massey Osborne, in her article Status and Contribution of the Negro Nurse, argues that essentially during the past twelve years, "on the whole the nursing profession has surpassed the other professions in this country in the integration of its Negro members." Mabel K. Stauphers in her story of the National Association of Colored Graduate Nurses stated, "full acceptance in 1951 of black into the American Nurses' Association - the progress of active integration has been well started." Obviously, both these women were stating a hope that in fact has not been realized. Because of the "dreams deferred" experienced by black nurses, the National Black Nurses' Association was founded in 1971.

As I surveyed the literature, I found that there were not even standard statistics on minorities in Facts About Nursing, 1984/85, but the older 1982/83 book did report percentage of minority nursing graduates from basic programs. A summary of this information is presented in Tables 1 and 2.

Table 1

Minority Student Admissions in Schools of Nursing Reporting One or More Such Students, in the United States and Outlying Areas, 1981

Racial/ethnic Background & Type of Information	Total Number of Students Admitted	Minority Student Admissions	
		Number	Percent
Minority, Total	102,540	13,799	13.5
Diploma	16,685	1,416	8.4
Assoc. Degree	53,127	6,993	13.2
Baccalaureate	32,548	5,390	16.6
Blacks	102,540	8,537	8.3
Diploma	16,865	1,072	6.4
Assoc. Degree	53,127	4,668	8.8
Baccalaureate	32,548	2,797	8.6
Hispanics	102,540	3,515	3.4
Diploma	16,865	225	1.3
Assoc. Degree	53,127	1,477	2.8
Baccalaureate	32,548	1,813	5.6
American Indians/ Orientals	102,540	1,747	1.7
Diploma	16,865	119	0.7
Assoc. Degree	53,127	848	1.6
Baccalaureate	32,548	780	2.4

Table 2

Minority Student Graduations in Schools of Nursing Reporting One or More Such Students, in the United States and Outlying Areas, 1981

Racial/ethnic Background & Type of Information	Total Graduations	Minority Student Graduations	
		Number	Percent
Minority, Total	68,520	6,018	8.8
Diploma	12,193	571	4.7
Assoc. Degree	33,653	3,213	9.5
Baccalaureate	22,674	2,234	9.9
Blacks	68,520	3,571	5.2
Diploma	12,193	366	3.0
Assoc. Degree	33,653	2,126	6.3
Baccalaureate	22,674	1,079	4.8
Hispanics	68,520	1,568	2.3
Diploma	12,193	138	1.1
Assoc. Degree	33,653	648	1.9
Baccalaureate	22,674	782	3.4
American Indians/ Orientals	68,520	879	1.3
Diploma	12,193	67	0.5
Assoc. Degree	33,653	439	1.3
Baccalaureate	22,674	373	1.6

Additionally, in a U.S. Department of Health and Human Services publication of 1984 entitled, "Minorities and Women in the Health Profession," I found that while 8.8 percent of the total registered nurse graduates in 1981 were minorities, 14.9 percent of the practical nurse graduates were minorities (of which 9.9 percent were blacks, 3.8 percent hispanics and 1.2 percent were other minorities). Thus, it is obvious that the majority of minority nurses are in the practical nurse group.

When one puts that together with the fact that the majority of blacks graduating in that year came either from diploma or associate degree programs, you can see why black nurses are extremely concerned about the entry into practice platform by both the ANA and NLN.

The 1982/83 Facts About Nursing presented information that showed that the minority nurses fell into four categories: (1) Blacks, 50.9%, (2) Hispanics, 17.4%, (3) Asian/Americans 28.1%, and (4) American Indian/Alaskan Natives, 3.6%. Additional information show that:

> In November 1980, registered nurses with minority racial/ethnic backgrounds accounted for an estimated 119,511 or 7.2 percent of the registered nurse population. In contrast, 1980 data from the U.S. Department of Commerce, Bureau of the Census, showed 14.1 percent of the total U.S. resident population of 227,156,000 persons were racial/ethnic minorities.
>
> A more detailed breakdown of the 1980 data showed an estimated 3.7 percent or 60,845 of the total registered nurse population were black; 2.0 percent or 33,600, Asian; 1.3 percent or 20,816, Hispanic; and 0.3 percent or 4,249, American Indian/Alaskan Native. Approximately 4.0 percent of the minority nurses were male and 96.0 percent were female.
>
> Just over one-third of the minority nurses (34.1 percent) held a diploma as their highest nursing-related educational preparation in 1980. The second largest group (31.5 percent) indicated a baccalaureate as their highest nursing-related degree, followed by 26.7 percent with an associate degree and 7.0 percent with a

> master's degree or doctorate. In contrast, a higher percentage (55.8 percent) of non-minority nurses held a diploma as their highest nursing-related educational preparation; this was followed by 21.6 percent, a baccalaureate degree; 17.1 percent, an associate degree; and 4.9 percent, a master's or doctorate.

It is good to know that a higher percentage of minority nurses pursue masters and doctorates than do white nurses. On the other hand, we are dealing with a much smaller number. Thus, it becomes very difficult to get a critical mass of minority nurse researchers in any one institution.

Now let us go on. Besides these interesting statistics, I found only a small number of articles and dissertations discussing limited aspects related to minority nurses. Much was on an antidotal level, not a research level. Topics related to human interest themes, educational problems of minorities, not minorities contribution to nursing or nursing education. A sampling of the articles I found are:

Beatrice J. Kalisch, Philip A. Kalisch, Jacqueline Clinton; "Minority Nurses in the News," Nursing Outlook.

Jacqueline Clinton, "Sociocultural Issues Relevant to Health," Issues and Trends.

Luz S. Porter, PhD, RN, "Work Status, Health Status, and Other Demographic Characteristics of Asian American Professional Health Workers (APHW's)."

Milton Clark Lewis, PhD, RN, "A Black Perspective: Afro-American Men in Nursing," Nursing Leadership.

Lorraine Forrest, RN, "Get Your Black Hands Off Me!" RN.

M. Castillo, MSN, RN, "Hispanic Leadership Considerations in Nursing," Nursing Leadership.

Shirley Wong, MScN, RN, and Julia Wong, MscN, RN, "Problems in Teaching Ethnic Minority Nursing Students," Journal of Advanced Nursing.

Lillian H. Harvey, "Educational Problems of Minority Group Nurses," Nursing Outlook.

Because there was so little in the literature, my investigations caused me to call my contacts around the country. These contacts led me to others. Thus, by phone I met Janie Wilson of New Mexico, Ora Strickland of Maryland, Martha Primeaux of Oklahoma, Ruth Perez of Puerto Rico, Sumiko Fujuki of USLA, Effie Poy Yew of San Francisco, Malon Blonco of UCLA, and Josephine Clinton of Wisconsin. These are only a few of the women I contacted and through them I obtained the names of others.

I, of course, could mention many more familiar to you. Evelyn Barbee, University of Michigan; Helen Nakagawa, University of Washington at Seattle; Rhetaugh Dumas, University of Michigan; Etherine Shaw-Nickerson, Ohio State University; Juanita Fleming, University of Kentucky; Geraldine Feldman, University of Iowa; Beverly Malone, North Carolina Agricultural and Technical State University, etc.

While the list is getting longer, it is still miniscule when one compares the number or percentage of minorities nurse doctorates to the total nurse population. For instance, of the 19,000 Hispanic registered nurses, twenty-five (25) have doctorates, or 0.1 percent of the total. My Native American friends could list the very few that are pursuing doctorates (I believe the numbers did not reach ten (10)). I could find no statistics on Asian American-Pacific Islanders. The numbers of black American nurses who are doctorally prepared and/or are researchers is growing, but slowly.

I am impressed with the numbers of younger minority nurses (that means those receiving degress since 1976) who receive an American Nurses' Association's Minority Fellowship. Between 1975/76 and 1986/87, one hundred of those receiving either a research or a clinical grant completed their degrees. Currently 65 fellows are enrolled in 43 institutions across the country.

What I have found interesting is that so many of the fellows have found few outlets for the publications of articles based on their doctoral research when it has been related to minority health issues. The Journal of National Black Nurses' Association, (which I refer to as JNBNA), seems to have become an outlet for several authors.

The purposes of our journal are to:

1. Provide a forum for critical discussions of relevant issues related to black health and health care (these issues may include discussions of educational, social, economic, and legislative topics).

2. Be a vehicle for the exchange of scholarly works of black nurses.

3. Disseminate knowledge about critical practice, research, education, and health care management which affect the black community.

In our first two issues, three of the seven feature articles in each issue were written by Fellows. Hattie Bessent, EdD, RN, Deputy Executive Director of Minority Fellowship Programs of the American Nurses' Association, also has an article in our second edition.

In Dr. Bessent's article she speaks of the fact that "Fellows can influence health care policy: (1) as researchers; (2) as leaders in the health care professions; and (3) as role models. The Fellows, as researchers, lay the foundation for innovations in policies based on their research findings. Fellows, as health care leaders, can implement policies reflecting sensitivity to cultural differences in the patient population. Further, as role models, Fellows can demonstrate to neophytes and colleagues that experienced minority nurses are needed and can be effective in the profession. Very often, the Fellow is a researcher who is a leader and role model in his/her profession."

Dr. Bessent describes the accomplishments of several alumnae of the program. She then points to the particular accomplishments of two Fellows.

> Two graduates were selected in 1984 for prestigious scholarships awarded by private foundations. Ora Strickland, PhD, RN, Research Fellow was among 43 selected for the W. K. Kellogg Foundation's National Fellowship Program. She will pursue a three-year learning plan focusing on the application of economics and policy principles in the study of world hunger. Another Fellow, Dorothy Lanuza, PhD, RN, was selected as a Clinical Scholar by the Robert Wood Johnson Foundation. These students are

providing excellent role models for the generations of students who will follow them. Additionally, these nurse-graduates will have opportunities to help shape health care policy by virtue of the research they conduct under the auspices of their fellowships, and by virtue of the national attention they received as a result of their scholarship.

My concern is that 100 new doctoral graduates only gives us 10 per year. This is still not enough. Because of my contacts, I know that there are many other on the pipeline on many campuses across the country. They receive little support and experience, little collegiality. Because the minority nurse research is so often isolated, my concern is that her potential efforts are diluted, that she is under pressure to be like all the others, to do what her colleagues consider mainstream research. This means her research will be "colorless."

We have a number of well placed researchers. Here I will name only three: Linda Burnes Bolton, Director of Development Research, Cedars-Sinai Medical Center; Willa M. Doswell, Associate Director of Nursing Research, New York City Health and Hospital Corporation; and Barbara Norman, a member of Major Washington's Cabinet in Chicago. All three of these persons have made the commitment to do research which will help our own group.

We, after all, must do the research to assist ourselves or others will do research on us to assist themselves. This work will not be to our advantage.

All of you should be aware of the report of the Secretary's Task Force on Black and Minority Health commissioned by Secretary Margaret Heckler who headed the Department of Health and Human Services. She requested that a Task Force identify major issues related to black and minority health. The full Task Force's reports consisted of eight volumes. The volumes are as follows:

Volume I: Executive Summary

Volume II: Crosscutting Issues in Minority Health:
Perspectives on National Health Data for Minorities
Minority and Other Health Professionals Serving Minority Communities
Minority Access to Health Care
Health Education and Information

Volume III: Cancer

Volume IV: Cardiovascular and Cerebrovascular Diseases

Volume V: Homicide, Suicide, and Unintentional Injuries

Volume VI: Infant Mortality and Low Birthweight

Volume VII: Chemical Dependency
Diabetes

Volume VIII: Hispanic Health Issues
Survey of Non-Federal Community
Inventory of DHHS Program Efforts in Minority Health

The Task Force also identified the major causes of death among blacks and minorities.

1. Cardiovascular and Cerebrovascular Diseases
2. Homicide, Suicide, and Unintentional Injuries
3. Cancer
4. Infant Mortality and Low Birthweight
5. Chemical Dependency
6. Diabetes.

I have read four of the eight reports thoroughly. The writers themselves state that the information presented in these reports is only the tip of the iceberg, that there are huge gaps in knowledge. It is clear from these reports that health and illness issues are not the same for all minority groups. One example relates to suicide and homicide. Suicide is a major problem for Chinese women over the age of forty-five, while it is the major cause of death for Native American men ages 20-30. Compare this with the fact that homicide and suicide is the major cause of death for black men between 18 and 45 and for black women ages 18 to 24. What are the social, economic and cultural variables that account for this?

Because of limitations in time, I will not discuss the very long list of recommendations and findings that can be read in the Task Force Reports. This you can obtain from your own reading of the reports. I do want to point out that

there were no nurses on any of the Task Forces who pulled together this information. It seems to me that says something to all of us in the nursing profession.

The topics for research, described in these reports, are innumerable and should be the focus of activities among nurse researchers generally and minority nurse researchers most particularly. Do not believe the myth that research is color-blind, that theories are developed for the sake of pure learning. Indeed, I find it sad that at this conference only two studies relate directly to minority health issues - this in a state where the minority will soon be the majority.

George Orwell wrote in his book, 1984, that "Political language is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind." I say, integration and acceptance may be designed to make lies about ethnic populations and avoidance of harsh realities respectable, and give the appearance of liberalness to pure wind.

To all of us who are erroneously called minorities, I say we must resist the deduction to do only the mainstream research which our colleagues will, with tongue-in-cheek, say is above ethnicity. If we do not care for ourselves, we will see ourselves continually misused by others.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION I

A

C.U. 312

10:20 A.M.

MODERATOR: DR. FILOMENA FLORES

FACULTY REPORT ON THE ORGANIZATION AND STRUCTURE OF THE CLINICAL LABORATORY EXPERIENCES OF SENIOR STUDENTS IN BACCALAUREATE NURSING PROGRAMS

Selwa H. Makarem, Ed.D.

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The purpose of this study was to determine the congruency between faculty's clinical teaching practice in the senior year of selected baccalaureate programs in nursing and the five basic criteria of Tyler's scheme of organization - objective, sequence, continuity, integration, and structure.

The approach employed to examine the laboratory component is descriptive in nature. A structured questionnaire, consisting of three parts and fifty-one statements, was used to measure faculty responses regarding organization and structure of the clinical laboratory. Statements of the questionnaire pertaining to clinical teaching activities, based on Tyler's rationale, call for two responses purposely designed to elicit information concerning "desirable" and "actual" clinical practice.

Two hundred seventy-four participants, teaching in 57 accredited baccalaureate nursing programs in 9 northeastern states, responded to the questionnaire.

Respondents indicated, in general, that Tyler's organization and structural criteria were important considerations. However, the responses obtained under the "actual" column to 37 elements reflecting both criteria - organization and structure - indicated a lesser degree of consistency with Tyler's criteria. Six organization and two structure items were reported as not "desirable."

Both descriptive analysis and statistical methods, including frequency distribution, Z tests, and a series of Chi Square Tests of Association, were utilized.

Overall conclusions corresponding to the organization and structure of the clinical laboratory and specific conclusions relating to the five basic criteria were drawn. Implications for graduate programs for the profession, and for teachers and administrators of nursing, were discussed. In view of the findings obtained in this study, eleven recommendations were proposed.

EFFECTS OF NURSING EDUCATION ON PRACTICE: THE RELATIONSHIP BETWEEN NURSING EDUCATION AND PERFORMANCE OF IDENTIFIED COMPETENCIES IN AN ACUTE CHILD HEALTH CARE SETTING

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The purpose of this research was to investigate the performance of nursing competencies in a child health practice setting by Associate and Baccalaureate Degree Registered Nurses. Specifically, two main hypotheses were addressed: (1) Registered Nurses prepared at the Associate and Baccalaureate Degree levels differ in practice in an acute child health care setting, and (2) Nursing competencies observed in practice are consistent with projected competencies of Associate and Baccalaureate Degree program outcomes.

Process oriented instruments were designed utilizing criteria from the Standards of Maternal Child Health Nursing Practice (ANA, 1983) to evaluate nursing practice competencies by Associate and Baccalaureate Degree Registered Nurses, their managers, and peers. A stratified sample of convenience was drawn from AD and BSN Registered Nurses employed at an acute child health care facility in Western New York. One hundred and sixty-nine nurses were contacted to participate. Seventy-eight responses were received, twenty-two nurses agreed to participate and met the selection criteria for inclusion in the study. A symmetrical measure of association was calculated to determine how useful the independent variable of level of educational preparation is in predicting the dependent variables of performance criteria. Measures of correlation and analysis of variance were used to determine the direction and strength of the relationships among variables.

Differences in Associate and Baccalaureate Degree Nursing practice competencies were identified. Baccalaureate Nurses perform a wider range of child health behaviors more frequently in practice and perceived their education to prepare them at a higher level. Analysis of quality of performance was positively correlated with educational level, and statistically significant variation was explained for selected behaviors. Positive, statistically significant correlations were found between rater groups.

These findings indicate observable differences in child health practice between Associate and Baccalaureate Degree Nurses, and provide a basis for further investigation with larger samples in more varied practice settings.

EFFECTS OF TEACHING CRITICAL ELEMENTS OF PSYCHOMOTOR SKILLS TO BACCALAUREATE NURSING STUDENTS

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Using Gagne's theory on motor skill learning as the conceptual framework and an experimental research design, the effects of two different teaching strategies were examined to determine if there were any differences on the conditions of immediate recall, retention, and transfer of learning psychomotor skills. The effects of teaching nursing students critical elements and sequential steps on immediate recall and retention of learning how to do a surgical handwash and the transfer of learning to the ability to put on surgical gloves were examined against the effects of learning the same psychomotor skills after being taught sequential steps only.

Twenty-one volunteer university freshmen baccalaureate nursing students were randomly assigned to a teaching group. Both groups were taught the same skills and under the same conditions. The performance of both groups was evaluated by a checklist and the time it took them to complete the performance was recorded.

It was hypothesized that the students, who performed the skills after having been introduced to criticial elements and sequential steps as a cognitive initiator, would perform better and faster than those who learned the skills by sequential steps alone.

Although the hypotheses were rejected after analysis of the groups' mean scores by the Mann-Whitney U. there were findings that suggest there is a difference when students learn critical elements. Evaluator comments and a significant difference (.04 level) in the rate of performance by the students who used critical elements suggests they did perform better.

Further research with a larger population was recommended. It was also recommended that an evaluation of the students' performance be done with a more finite tool so that cognitive activity can be measured to determine exactly how critical elements make the difference in motor performance. It was further recommended that more emphasis be placed on how to use critical elements when learning a psychomotor skill during the teaching session. Since the study was a first regarding critical elements and motor skill learning, the findings need to be validated with further research.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION I

B

C.U. 3:3

10:30 A.M.

MODERATOR: DR. MARY BANIGAN

PERSISTENCE AMONG REGISTERED NURSE STUDENTS IN A BACCALAUREATE PROGRAM

Marlene Dehn, Ph.D.

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The purpose of this study was to determine whether social support, employer support, and life change are related to the persistence in college of registered nurse students.

Prior research on persistence has focused primarily on traditional-aged students. Tinto has theorized that persistence is the result of an interaction among variables, a complex process that reflects a student's integration into the institution. Mature students returning to higher education reflect an environment that extends beyond the institution. They lead complex lives that include parenthood, jobs, and community responsibilities. This study sought to determine whether non-academic variables affect persistence among mature students.

A questionnaire survey was completed by 80 students who had persisted and 21 students who had not persisted in a baccalaureate program for registered nurses. The survey included the Schedule of Recent Events, the Norbeck Social Support Questionnaire, and the Individual Information Form. Interviews of fourteen subjects were done to amplify the questionnaire responses.

Discriminant analysis of the questionnaire results correctly classified 63 percent of the nursing students when they were employed. Accuracy of classification decreased to 57 percent when those nurses who were not employed were added to the analysis. The two variables that contributed the most weight to the discriminant analysis were life change and employer support. Social support did not contribute to classification.

Interview results indicated that persisting nurses found more respect for their educational endeavors than did non-persisters. They also sought and found solutions to financial problems. Persisting nurses were more likely to have located jobs and housing closer to campus than did the non-persisters.

Counseling of students who are planning to return to school should include planning for studies when minimum life changes are anticipated, and when employment schedules can be modified. Mature students indicated the same needs for financial support that are experienced by other students.

IS THERE A DIFFERENCE IN CLINICAL PERFORMANCE BETWEEN GRADUATES OF R.N. PROGRAMS?

Marilyn-Lu Jacobsen-Webb, Ph.D.

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The purpose was to evaluate the outcomes of BSN education. The objectives of the study were to (1) detect differences in the clinical practice of nurses who were prepared in different educational models; (2) identify the cognitive tasks performed, and (3) identify tasks not performed, but valued.

In an era of cost containment, high technology and a changing health delivery system, it is imperative to document quality clinical performance and those whose values are conducive to the changes.

Stufflebeam's Context, Input, Process, and Product Paradigm, a foremost decision-making evaluation model, provided the framework for the three year longitudinal research, which was federally funded.

Randomly selected staff nurses (N=466) from a stratified sample of health care facilities were utilized. The four types of R.N. programs were equally represented in the sample (i.e. diploma, associate degree, baccalaureate and R.N.-B.S.N. graduates).

A cognitive task analysis tool was developed through three prior studies relating to B.S.N. competencies, professional attributes ($r=.94$), and a standardized measurement of changes in five skill areas including communication and problem solving.

The self report Likert-type rating scale allowed the respondents to estimate their performance on 3-5 point scales.

Factor and covariance analysis, which adjusted for the length of nursing experience, contrasted generic and R.N.-B.S.N. and Non-B.S.N.s on performance. The Chi square test identified differences in 51% of the items ($p<.01$) between B.S.N. and Non-B.S.N.s on seven major areas of performance.

This study shows statistically significant differences related to performance of B.S.N.s on the items considered important in today's economic delivery market - such as the ability to perform autonomously, make referrals to appropriate community agencies and professionals, communicate more readily to family, client and physician, and perform nursing interventions.

IS THERE A DIFFERENCE IN CLINICAL PERFORMANCE BETWEEN GRADUATES OF R.N. PROGRAMS? (Continued)

Marilyn-Lu Jacobsen-Webb, Ph.D.

With the changing demographics, the need to maintain enrollment is a reality. Developing more R.N.-B.S.N. programs not only meets this need but, since the evidence points to the restructuring of practice by those who were previously educated in associate degree or diploma programs, graduating more R.N.-B.S.N.s appears to be a method to advance the professionalization of nursing. Employers who value increased communication skills (a marketing strategy used to attract clients) and value nursing research and autonomous performance (essential to home health settings), will find B.S.N. staff members also hold these values and are likely to give the quality of performance and provide leadership.

NEEDS ASSESSMENT OF REGISTERED NURSE STUDENTS IN A BACCALAUREATE NURSING PROGRAM: IMPLICATIONS FOR THE CURRICULUM (A PRELIMINARY REPORT)

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Meeting the unique needs, characteristics, and potentials of RN students articulating with the generic program, and who are experienced practitioners and adult learners, has been a challenge for schools of nursing in the country today. Current research findings suggest that schools of nursing are seeking support and asking information on strategies being used by other schools to best meet the needs of their RN population. This is also a current concern of the Department of Nursing at the California State University, Fresno, not only because RN students, over time, have expressed frustrations with their educational experiences, but also because of accreditation requirements. The need for a research-based educational intervention is then critical - thus the study.

The study includes three phases: (1) assessment of needs; (2) implementation of educational interventions; (3) evaluation of educational interventions. The research objectives addressed these three phases: (1) to collect empirical data on needs of RN students articulating with the generic program; (2) to institute an educational program that realistically supports the unique needs of RN students; (3) to evaluate the desirability of educational interventions which have been instituted.

Phase 1 of the study was conducted in Spring 1986. The qualitative descriptive survey design was used. Tools were an open-ended questionnaire and a group interview. Two major information sought were: (1) the educational needs of RN students; (2) suggestions from the subjects on how the department may assist them with their educational needs. A convenience sample of thirty RN students and alumni were sent questionnaires (response rate - 65%), and two weeks later, a group interview was held. Responses were reviewed and analyzed for "themes."

In general, findings identified universal as well as specific needs which reflected the subjects' perceptions of constraints in departmental policies, curricular procedures, course offerings and implementation, geographic accessibility of classes.

NEEDS ASSESSMENT OF REGISTERED NURSE STUDENTS
AS A BACCALAUREATE NURSING PROGRAM

Nani N. Rabago, Ed.D.

Recommendations supporting the findings of the study were presented to the Baccalaureate Curriculum Committee. In Fall 1986, initial plans for implementation (Phase 2) of some recommendations were developed. Formative evaluation of Phase 2 is planned.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION I

C

C.U. 200

10:30 A.M.

MODERATOR: DR. LEANN CURL

HEALTH PERCEPTIONS OF THE HMONG: AN ETHNOGRAPHIC STUDY

Barbara Hollinger, M.S.N.

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This descriptive study was designed to identify health care perceptions of the Hmong refugees living in Fresno County. The use of Spradley's ethnographic approach allows the informants to present these perceptions from their point of view.

Seven informants from three families were interviewed in their homes over a period of 7 months. Each family participated in a series of interviews totaling 8-10 hours. After transcribing the taped sessions into written copies, the data were analyzed for recurrent themes or domains. Data from each interview formed the basis for subsequent interviews with that informant. Theme analysis led to the elaboration of taxonomies presented both in tabular form and in the text.

The following cultural themes were identified in the study. The "txiv neeb" or shaman was found to be an integral part of the Hmong health care system. Among the refugees, there were two classifications of illnesses: disorders of the body caused by disease or injury and disorders caused by spirits. It was also noted that spirits were an important course of illness not responding to conventional treatment, certain dreams were believed to be important in predicting the future, and there was a strong belief in reincarnation.

Special postpartum practices and distinct family patterns and role relationships were identified. It is concluded that health care professionals need to be aware of differences in health care perceptions of the Hmong to appropriately provide care for these clients.

A STUDY OF THE RELATIONSHIP BETWEEN SELF-DISCLOSURE, DYADIC SATISFACTION AND INTERPERSONAL NEEDS IN EXCLUSIVE DYADIC AND MULTILATERAL RELATIONSHIPS

M. Joan Fiorello, Ph.D.

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Man is evolving in a unidirectional manner towards more complex forms. Variety and complexity of human relationships are manifestations of this emergent process. In this study, open and group relationships are considered examples of greater complexity because of the more complicated interaction process involved in such relationships. It was thought that an investigation and comparison of self-disclosure, interpersonal needs and dyadic satisfaction might yield valuable information about the nature of relationship complexity.

A sample of 66 matched pairs of individuals from middle class multilateral and exclusive dyadic relationships participated in this study. Measurements were obtained by using Jourard's Self-Disclosure Questionnaire (SDQ), Schutz' Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B) Questionnaire, and the satisfaction subscale of Spanier's Dyadic Adjustment Scale.

Major findings pertain to the individuals from exclusive dyadic and multilateral relationships who participated in this study: (1) Exclusive dyadics and multilaterals had high self-disclosure which may indicate a high capacity for intimacy. (2) Multilaterals had higher self-disclosure than exclusive dyadics. (3) Exclusive dyadics and multilaterals had positive self concept as measured by assessment of interpersonal needs. (4) Multilaterals had more positive self concept than exclusive dyadics. (5) More high disclosing multilaterals also had positive self concept than did high disclosing exclusive dyadics. (6) High self-disclosure is positively related to high dyadic satisfaction in exclusive dyadics and multilaterals. (7) The relationship between high disclosure and high satisfaction is more positive in group relationships than in either exclusive dyadic or open relationships. (8) Relationship satisfaction may be related to self concept as measured by assessment of interpersonal needs. (9) Changes in type of relationship from less to more complex was paralleled by an increase in group mean scores for self-disclosure and self concept as measured by assessment of interpersonal needs.

FAMILY SYSTEMS FUNCTIONING AND FAMILY PHYSICAL HEALTH PRACTICES

Su An Arnn Phipps, Ph.D.

Graduate Nursing Program
University of Oklahoma
2808 South Sheridan Road
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The purpose of this study was to determine both the existence and nature of relationships between family systems functioning and family physical health practices, including the family's attitudes toward health and illness. The research is based in family systems theory and the Circumplex Model of Marital and Family Systems (Olson, et. al., 1983).

This study utilized comparative and correlational designs in order to investigate degrees of interrelationship between the major variables, family systems functioning and family physical health practices. Family functioning variables are cohesion, adaptability, and family type. Family health practice variables include attitudes toward health and illness, concept of family health, health leadership roles, and utilization of professional health services.

The researcher used a multimethod approach to obtain data, relying on two instruments. FACES II assessed family functioning. The Family Health Questionnaire, developed by the author, assessed factors pertaining to family physical health practices. The research population consisted of two parents with children under 25 years of age living at home (n=188). Families were interviewed in their homes and completed questionnaires. A debriefing discussion followed completion.

Results from statistical analyses revealed that the level of family functioning was significantly related to the sharing of health leadership decisions and tasks. The level of family adaptability was related to the family's acceptance of sick role behaviors. High cohesion family types were more likely to view health as controllable than low cohesion types. Family members' perceptions of their susceptibility to illness was significantly different for some types on the adaptability and cohesion dimensions. Family functioning was highly interrelated to the family's perceived locus of control over health. Significant differences were found for both adaptability and cohesion as well as family type. No significant relationships were found between family functioning and utilization of health services or attitudes toward illness.

These findings have implications for health care providers, especially those who care for family members as a family unit. Family functioning

is a relevant factor in the current health care delivery system, as more ill members are being cared for by the family. Nurses and other health professionals may gain from results which pertain to family member acceptance of illness and compliance with therapeutic regimen.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION I

D

C.U. 314

10:30 A.M.

MODERATOR: DR. PATRICIA KISSELL

THE STABILITY OF COGNITIVE FUNCTIONING IN THE INSTITUTIONALIZED ELDERLY

Mary Ruth Ivan, Ph.D.

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This study addressed the stability of cognitive functioning in the institutionalized elderly across a 24 hour period. Ninety-three nursing home residents were tested at three different time intervals (morning, afternoon, and evening) over three consecutive days using Pfeiffer's short portable mental status questionnaire (SPMSQ). Each subject was interviewed three times over three consecutive days. The SPMSQ consists of 10 questions and takes approximately five to ten minutes to administer. Interrater reliability was established on 20% of the administrations of 98%; the two raters were registered nurses. To prevent an order effect, the subjects were tested in three different time sequences: (1) A.M., Noon, P.M., (2) Noon, P.M., and A.M., and (3) P.M., A.M., Noon. In addition to Pfeiffer's 10-item scale, five additional items were added. When testing the severely impaired, Pfeiffer's SPMSQ has a distinct floor effect; the additional items were incorporated so that differential degrees of severe cognitive impairment could be assessed.

The mean age of the subjects was eighty-three with a range of sixty-four to one hundred and two. Seventy-two of the subjects were women; twenty-one were men. Ninety five percent of the subjects were Caucasian. Subjects had been institutionalized a mean of 637 days. The subjects' mean SPMSQ score across the three time intervals was 6.3; the mean score on the 15-item SPMSQ was 7.3. Pearson product moment correlations were calculated on the 10-item SPMSQ, the five new items, and the 15-item total scores. Factor analyses and ANOVAS were also calculated.

Although the correlations across time on each of the subscales were significant with correlations of .9 and higher ($p = .000$), the analyses of variance disclosed significant differences across the three time intervals. Generally, subjects tested more oriented at noon (vs. A.M. and P.M.) with $p = .04$. Interestingly, subjects who were severely impaired were significantly more impaired in the evening than during the morning or noon hours ($p = .01$). In regards to the instrumentation, the stability coefficients were larger for the 15-item SPMSQ (.9-.97)

than for the 10 item SPNSQ. With a varimax factor analysis, the 15 items grouped into two factors: remote memory and recent memory. The five additional items successfully discriminated between degrees of severe impairment--i.e., only subjects with scores of 8, 9, or 10 on the 10-item SPMSQ (severe impairment) were unable to respond to the five additional questions successfully.

In conclusion, the findings suggest that most nursing home residents are more cognitively alert during the afternoon hours. It appears that the severely impaired deviate from this pattern in that their cognitive functioning deteriorates as the day progresses. Cognitive functioning, then, does not appear to be stable over the course of a day among nursing home residents. Nursing can integrate this knowledge in caring for clients with cognitive impairment.

SOCIAL SUPPORT AND SELF-CARE HEALTH PRACTICES IN THE INDEPENDENT ELDERLY

Sharon Redelfs, M.S.N.

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The purpose of this study was to examine the relationship between social support and self-care health practices in the independent elderly. A secondary purpose of the study was to investigate specific demographic variables and their relationship to social support and health care practices which included: age, sex, marital status, educational level, income level, occupation, employment status, church attendance, number of persons in the household and their relationship to the subject, attendance at the senior citizen center, and the number of organizational memberships. Previous studies have linked social support to good health and a lower mortality rate. Demographic variables have also been related to health care behaviors. Examination of these relationships have become imperative due to the growing elderly population and their disproportionate use of health resources.

A descriptive correlational survey design was utilized to examine these relationships. A non-random convenience sample of 52 colunteer subjects attending a senior citizen center was obtained over a 15 day time period. After signing a written consent to participate in the study, subjects were requested to complete two questionnaires and provide pertinent demographic data. Included in the study were 13 males and 39 females who ranged in age from 61 to 92, with a mean age of 73, living in an independent setting.

Social support was measured by Brandt and Weinert's Personal Resource Questionnaire Part-2 (PRQ-85) based on Weiss's (1969, 1974) five relational dimensions of intimacy, social integration, nurturant behavior, reassurance of worth, and resource availability. Health care practices were measured by Muhlenkamp and Brown's Personal Lifestyle Questionnaire (1983) composed of six subscales including: nutrition, exercise, substance use, safety, relaxation, and health promotion.

The relationship between social support and health care practices received statistical support at the .05 level of significance ($r=.46$, $p=.0006$) by the implementation of a Pearson Product Moment Correlation.

Based on the frequency distributions and mean scores of social support and health care practices, the demographic variables were appropriately analyzed by the application of t tests, analysis of variance (ANOVA), and A Priori contrast where indicated. The following demographic

variables revealed a statistical significance in their relationship to social support and health care practices:

1. Senior citizen attendance and social support (F=2.63, p. .04).
2. Organizational membership and social support (F=2.39, p. .04).
3. Marital status and health care practices (F=4.35, p. .04).

While the majority of the demographic variables did not receive statistical support, these results strengthen the finding of a direct relationship between social support and health care practices. Knowledge from the findings can be utilized by nurses to augment both the social support systems and self-care agency of the elderly via a supportive-educative mode to enhance desired health care practices and positive health outcomes.

THE INFLUENCE OF SOCIAL SUPPORT SYSTEMS AND PERSONAL BELONGINGS ON COGNITIVE IMPAIRMENT AMONG ELDERLY WOMEN WITH HIP FRACTURES

Kathleen H. Werle, M.S.N.

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This study investigated the relationship between two independent variables, social support and personal belongings, and the dependent variable of cognitive impairment among hospitalized elderly women with hip fractures. Thirty females, admitted to the hospital for surgical treatment of a femur fracture, were randomly assigned to either a treatment or a control condition. Family members of the subjects in the treatment condition were asked to bring from home specific personal belongings of the subjects. On admission all subjects were administered the Norbeck Social Support Questionnaire to assess the level of social support and the Short Portable Mental Status Questionnaire (SPMSQ) to assess cognitive impairment; the SPMSQ was administered at four additional intervals during the postoperative period.

A 2X2 factorial design was implemented to test the hypotheses. All five hypotheses received statistical support: the main effects for treatment and social support were supported. It is suggested by the results that nurses have the ability to prevent and/or treat cognitive impairment and prevent Social Breakdown Syndrome through implementation of the personal belongings treatment as well as encouragement of support from the patient's significant others.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION I

E

UPPER CAFETERIA 202

10:20 A.M.

MODERATOR: DR. ELIZABETH "SAM" WILKERSON

SOCIAL SUPPORT, SPOUSAL PARTICIPATION AND COMPLIANCE WITH HEALTH CARE REGIMENS AMONG CARDIAC REHABILITATION PARTICIPANTS

Mary Versage Collignon, B.S.N.

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Bakersfield, California 93307

A descriptive correlational study was conducted to examine the relationship between social support, spousal participation and compliance with health care regimens among cardiac rehabilitation participants. The sample included twenty-five males and females from three structured cardiac rehabilitation programs in the San Joaquin Valley. These subjects had experienced a myocardial infarction or a coronary artery bypass graft. Social support was measured by Norbeck's Social Support Questionnaire. Compliance was evaluated by a number of outcomes (smoking, exercise, medication adherence, etc.) via self report and spouse report. Presence or absence of spousal participation in cardiac education classes was ascertained.

Subjects were interviewed during the tenth to twelfth week of the 12 week cardiac rehabilitation program and then again four and eight weeks post completion of the program.

The findings indicated that subjects with spousal participation did not have greater compliance with health care regimens than subjects without spousal participation. A positive relationship between spousal support and compliance with health care regimens was found. Specifically, statistical support on the compliance outcome change scores of weights, stress test results, subject stated medication adherence, exercise, and alcohol intake as reported by the spouse was received. The findings indicated that there was not a statistically significant relationship between social support and spousal participation.

This study indicated that Norbeck's (1982) conceptualization of social support provided a partial explanation for compliance outcomes. The exact relationship between the complex constructs of social support and compliance is difficult to ascertain. More research must be conducted to determine a more definitive relationship.

ADOLESCENT HYPERTENSION AND ASSOCIATED CARDIAC RISK FACTORS

Brenda Ellis, M.S.N.

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Fresno, California 93740

According to the American Heart Association, high blood pressure affects an estimated 57,710,000 Americans (American Heart Association, 1984). The prevalence of hypertension is 30,600 deaths per year related to the sequelae of hypertension. Blacks have a 33 percent greater chance of having hypertension than Whites. One-half to 1.0 percent of prepubertal children and 2-6 percent of adolescents, have high blood pressure (Lieberman, 1979). Since the sequelae of uncontrolled hypertension develop over time, the value of early detection seems apparent.

The subjects of the study were 920 high school students, aged 14-19 years (mean age 16.5 years) attending 6 high schools in Fresno County, California. All students in the study were enrolled in one specific biology or health course designated as the study course within the individual school.

The students in these classes completed a self report questionnaire and had their blood pressure read one time as part of the study. The questionnaire contained a statement about hypertension and its implications and demographic data including: age, sex, height, weight, ethnicity, smoking status and presence or absence of hypertension within the family. In addition to the survey questionnaire, each subject had his/her blood pressure recorded by a school nurse using a portable mercury sphygmomanometer. A letter, addressed to students and parents, stated that the blood pressure was (1) within the average range or (2) higher than average and should be discussed with the doctor at the next visit.

The statistical analysis comprised the following: (1) frequency distribution of subjects who had a blood pressure reading above normal; (2) frequency distribution of subjects presenting each of the cardiac risk factors; and (3) cross tabulation of elevated blood pressure group and risk factors.

Of the 920 students in the sample, 15 were referred to physicians for followup following a second elevated blood pressure reading. Of the 920 subjects, 299 had a single blood pressure reading of 130 or over systolic and/or 80 or over diastolic. It is to be noted that physicians do not concur on norms or 95 percentile levels for adolescents. Of those individuals with an elevated blood pressure or at risk 76.4% of 496 with a mean age of 16.5 years had a family history of hypertension. 47.9% of these students were in the 12th grade. 10.5% of the sample were reported smokers and 4.5% were

ADOLESCENT HYPERTENSION AND ASSOCIATED CARDIAC RISK FACTORS
(Continued)

Brenda Ellis, M.S.N.

obese. Of the 23 reported smokers who had elevated or at risk blood pressures, 82.6% were made (N+i9) and 61% were in the 12th grade. The findings, although not statistically significant, present support for the need for additional attention and studies directed at adolescents and their need for health screening, health education, and intervention specific to their predisposition to/or development of hypertension at this early stage of life development. A minimal number of studies has been reported with negligible emphasis on nursing input. Nursing has a major role in the health education of adolescents. Hypertension screening and follow-up programs in public schools offer unique opportunities for extending the role and health services delivered by a school nurse (Spratlen, 1981).

THE EFFECT OF BLOOD VOLUME STATUS ON PULMONARY ARTERY PRESSURES (PAP)

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William C. Shoemaker, M.D.
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The traditional approach in ICU's has been to disconnect patients from the ventilator when PAP. It has been argued that if patients are receiving PEEP, intrathoracic pressure caused by the ventilator may exceed pulmonary capillary hydrostatic pressure. If this occurs, the recorded PAP would be falsely elevated and treatment withheld because pressures appeared within normal range. Other investigators do not agree with the traditional approach and argue that even temporary removal of PEEP may be detrimental, causing an immediate and sustained decline in P_aO_2. However, no studies have examined blood volume status as a possible explanation for hemodynamic instability measured by on-off ventilator differences in PAP and LVEDP.

The purposes for the study are twofold: (1) to determine whether on/off ventilator differences in PAP exist that correspond to blood volume status in critically ill patients and (2) to compare the advantages of removing a patient from a ventilator with the detrimental effects of possible hypoxemia.

The design used was a comparative quasi-experimental design with the patient serving as his own control. A convenience sample of 21 acutely ill surgical patients was chosen. To be eligible for the study, the patient was ventilator-dependent with levels of PEEP <10 cm H_2O. The protocol consisted of recording control blood volume, PAP and PCWP and baseline ABG's while on the ventilator. The protocol was repeated off the ventilator and ABG's were drawn at 15 sec. intervals for the first minute. After reconnection to the ventilator, ABG's were drawn at 5, 15, 30, and 60 min. Control hemodynamic and O_2 transport variables were measured during the control period and one hour after the treatment.

The mean PAP, PCWP, PO_2, PCO_2, pH and VO_2 were compared using the paired t-test for dependent samples. A one way ANOVA was used to evaluate on-off ventilator differences in PAP and PCWP based on blood volume status.

Our results suggest the patients need not be disconnected from mechanical ventilation since no significant differences were found in PCWP or PAP. Blood volume deficits up to 1 liter did not significantly affect

Sandra A. Schwartz-Lookinland, Ph.D. William C. Shoemaker, M.D.

PAP regardless of ventilator status. Our findings further suggest that removing a patient from the ventilator for even short periods of time is detrimental since it requires one full hour for the PO_2 to recover to control values. The common practice of recording PAP off the ventilator and suctioning acutely ill patients on an hourly basis is dangerous. If just the act of removing the patient from the ventilator for less than a minute causes a persistent hypoxic insult, little sound rationale exists for either of these routine practices.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION II

F

COLLEGE UNION 309

2:10 P.M.

MODERATOR: DR. LEANN CURL

THE EFFECTS OF RELAXATION ON ANXIETY AND CLASSROOM BEHAVIOR IN SCHOOL CHILDREN

Cherie Rector, B.S.N.

Lindsay Unified School District
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A three-basket quasi-experimental design was utilized to investigate the effects of relaxation on fifth grade students. The total sample included 102 students in four classes. Each class was randomly assigned to one of four conditions: 1) progressive relaxation, 2) guided imagery relaxation treatment, 3) combined relaxation treatment (i.e., progressive relaxation and guided imagery), and 4) control group. This study addressed the following questions: 1) Do subjects receiving relaxation treatment have decreased anxiety and improved classroom behavior when compared to control subjects? 2) Do subjects receiving combined relaxation treatment have decreased anxiety and improved classroom behavior when compared to other relaxation subjects and to control subjects? 3) Do subjects receiving relaxation treatment show decreased anxiety and improved classroom behavior when compared to control subjects at four weeks post-treatment? 4) Do subjects receiving combined relaxation treatment show decreased anxiety and improved classroom behavior four weeks post-treatment when compared to other relaxation subjects and to control subjects?

Anxiety was measured by the State-Trait Anxiety Inventory for Children, yielding A-State and A-Trait scores. Each classroom teacher rated ten students, determined by them to be the worst behavior problems, on the Teacher Rating Scale of the Behavior Rating Profile as a measure of classroom behavior. Relaxation treatment was administered daily for 10-15 minutes by audiocassette tape. Videotape modeling was also utilized.

Six hypotheses were tested by analyses of variance. Four of the six received partial statistical support. At the end of treatment, A-Trait anxiety was significantly reduced for subjects receiving relaxation treatments when compared with control subjects ($p < .02$). Also, students receiving the combined relaxation treatment demonstrated decreased A-Trait anxiety and improved classroom behavior when compared to control subjects ($p < .01$, $p = .05$, respectively). At four weeks post-treatment, improved classroom behavior was noted for subjects receiving relaxation treatments when compared to control subjects ($p < .01$). In conclusion, this study found that relaxation treatment decreased A-Trait anxiety levels and improved classroom behavior in school children, and that these effects continued after treatment was discontinued.

MULTIDIMENSIONAL STRESS MANAGEMENT IN NURSING EDUCATION

Michael Russler, Ed.D.

Department of Nursing
California State University, Fresno
Fresno, California 93740

The stress management programs reported in the nursing literature have not adequately incorporated multidimensional tripartite formats which include physiological, cognitive and behavioral approaches. This study investigated the effect of tripartite stress management training on the anxiety levels, reported emotions and coping methods of beginning baccalaureate nursing students.

A secondary purpose of the study was to examine the relationship of self-esteem, recent life experiences and trait anxiety to the students' responses to stressors encountered during the first semester of nursing courses.

The dependent variables were assessed using the State Anxiety Inventory, the Reported Emotions Survey, and the Ways of Coping (Revised). The assigned independent variables were assessed using the Trait Anxiety Inventory, the Schedule of Recent Experiences, and the Coopersmith Self-Esteem Inventories, Adult Form.

An experimental pretest-posttest placebo group, control group design was used. The sixteen hour, two weekend tripartite stress management program included stress inoculation, assertiveness skills, guided relaxation, balancing relationships, refuting irrational beliefs, and basic communication skills.

Fifty-seven beginning baccalaureate nursing students were randomly assigned to either the experimental group, equivalent placebo control group or waiting control group. In order to reflect Lazarus' transactional model of stress, two pretest measurements and three posttest measurements of the dependent variables were collected.

A mixed analysis of variance with three levels of the treatment variables and five repeated measurements was performed. Data analysis revealed no statistically significant differences between treatment groups across time. However, correlation matrices for the dependent and independent variables revealed a significant negative correlation between self-esteem and state and trait anxiety. The negative or positive nature of an individual's emotions influenced the experience of anxiety in an inverse direction. Content analysis of the workshop demonstrated a strongly positive response by the experimental group.

MULTIDIMENSIONAL STRESS MANAGEMENT IN NURSING EDUCATION
(Continued)

Michael Russler, Ed.D.

The recommendations of this study include further revision of the multidimensional tripartite stress management approach. Also, further investigation of the use of personality inventories as screening tools is warranted. Finally, the integration of stress management concepts throughout the nursing curriculum is indicated.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION II

G

OLD SCIENCE 179

2:10 P.M.

MODERATOR: DR. JUDITH KEOUGH

STRESS MANAGEMENT AMONG FILIPINO NURSE EXECUTIVES

Filomena C. Flores, Ph.D.

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Fresno, California 93740

Stress is the common denominator of man's responses to new, different, or threatening changes in his daily life. It grows in complexity as man assumes greater responsibilities in life. The purpose of this study was to investigate the types of stress commonly encountered by top nurse executives and the nature of their stress management.

The theoretical framework was based on the general systems theory model. This descriptive study was done on forty-nine Filipino nurse executives holding the highest positions in nursing education, nursing service, and public health among their ethnic group. The study subjects were selected by complete enumeration and data collected through interviews using a special instrument adapted from three stress tests.

Ten were deans, twenty-three chief nurses, two hospital administrators, and fourteen public health supervisors. They were predominantly female, Catholic, and had a mean average of 53.55 years in age and 9.49 years in top level nursing management. The four types of stress studied were physiologic, psychologic, social, and environmental. Physiologic stress measured in health status showed that a tenth of the nurse executives had fair to poor health. Psychologic stress met was either job-related or family-oriented. Social stress differed for the married or single executives: children and income respectively. The five top environmental stresses were in this order: salary, administrative support, quantity of work, administrative control, and interpersonal relations.

Findings showed that these Filipino nurse executives coped with home and job stresses through adequate support systems, a strong faith in God, varied hobbies, and healthful habits of living. They were a highly homogeneous group. Statistical tests revealed that this homogeneity influenced their modal adaptive behavior to stress.

The recommendations were: adjustment of the stress level, adoption of stress management techniques feasible for a busy nurse executive, emphasis on stress and its management in all levels of the curriculum for future nurse executives and tapping of all social support systems available.

FIEDLER'S CONTINGENCY THEORY OF LEADERSHIP: IMPLICATIONS FOR NURSING

Mary Ruth Ivan, Ph.D.

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The purposes of this study were to assess the effectiveness of different leadership styles in nursing and to assess the degree to which job satisfaction can be predicted from Fiedler's Contingency Theory of Leadership. Fielder's Least Preferred Co-Worker (LPC), task-structure, leader-member relations, position-power and group atmosphere instruments and Seybolt's job satisfaction instrument were administered to the nursing personnel in two general hospitals; one of the hospitals implemented team nursing; the other, primary nursing. A 100% return was gleaned from the directors and coordinators of nursing; a 75% return was obtained from the staff R.N.s, L.P.N.s and aides. The total sample size was 690. The mean LPC score across the sample was 72.61. Specifically, 24% of the subjects registered as low LPCs, 12% as middle LPCs, and 64% as high LPCs. The norm established by Fiedler's largely male samples has been 64. This deviation from the norm may be a function of the sex of the sample under study (98% female) or it may be due to characteristics of individuals who become nurses. A series of correlations indicated that the relationship between job satisfaction and LPC style appears to be similar across modalities of care. When a multiple step-wise regression analysis was executed, the situational factors, group atmosphere, and LPC style were found to account for over 25% of the variance for job satisfaction ($r=.52$). For Team Nursing, when other sources of variance were partialled out, the following results were obtained: leader-member relations ($F=21.91$, $p<.001$), task-structure ($F=9.46$, $p<.005$), position power ($F=8.73$, $p<.005$), group atmosphere ($F=4.8$, $p<.005$), and LPC, $F=3.115$ (N.S.): overall, the F-ratio was 13.25 ($p<.001$). For Primary Nursing, $r=.60$ was obtained; the following F-ratios were obtained for each factor when other sources of variance were partialled out: leader-member relations ($F=36.64$, $p<.001$), position power ($F=19.74$, $p<.001$), task-structure ($F=6.59$, $p<.025$), group atmosphere $F=.04$, and LPC $F=3.02$; the overall F-ratio was 22.39 ($p<.001$).

In testing the Contingency Theory of Leadership, these findings provide more support than any other study to date for the theory. Fiedler's situational factors are accounting for a surprisingly large amount of the variance contributing to the broad construct of job satisfaction. Additionally, significant differences between primary and team nursing emerged.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION II

H

UPPER CAFETERIA 270

2:10 P.M.

MODERATOR: DR. SELWA MAKAREM

MORAL-ETHICAL DECISION MAKING: AS A NURSE AND AS A LAY PERSON

Elizabeth O. Bridston, Ed.D.

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The purpose for this study is to investigate the difference between a BSN student's response to moral dilemmas in her role as a nurse and as a lay person.

The tools were Rest's Defining Issues Test (DIT) and this investigator's Nursing Defining Issues Test (NDIT), designed after the DIT. In the DIT and the NDIT subjects respond to a short dilemma situation by choosing responses which reflect Level One, preconventional moral reasoning; self satisfaction, Level Two, conventional; law, order, relationships, and Level Three, postconventional; moral decision making based upon concept of equality and justice. The scores are presented as a P score, the percentage of scores which are in Level Three. The investigator gave all tests on a voluntary basis and results were coded by number to provide privacy.

A sample of 125 baccalaureate nursing students from schools in a metropolitan area was chosen.

Subjects' Mean P scores for the DIT: 43.69%; for the NDIT: 30.91%. These results are significant at the .001 level.

A significant number of nursing students chose responses at Level Three, representing independent moral decision making when facing moral dilemmas as a lay person (DIT). They had a significantly lower number of responses in Level Three, when facing moral dilemmas in nursing situations (NDIT). That is, these nursing students had a higher number of responses at Level Two, dependent moral decision making, as a nurse in nursing situations.

The results of this study may represent conflicting moral responsibility to the physician, institution, client (Level II) on the one hand and to her own belief of justice on the other (Level III). This conflict may explain in part the low NDIT scores. Nurses are in a unique position with moral obligations to the profession of nursing, to agencies and hospitals where work is done, to physicians, clients and to self. Educators have a responsibility to respond to the need to foster and clarify Level III, independent moral reasoning as part of nursing education. Indeed, there may be 'potential unlimited' for growth in both students and faculty if this is pursued.

COPING BEHAVIORS AND SOCIAL SUPPORT AMONG WOMEN CAREGIVERS OF FRAIL ELDERLY IN THE HOME: IMPLICATIONS FOR NURSING PRACTICE

Esther Coleman, M.S.N.

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135 North Oakland Avenue
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This study identified coping characteristics of middlescent women who are caregivers for frail elders in the home setting. Nursing assessment of these caregivers is indicated if effective nursing strategies for support of he caregivers are to be developed. Effective caring for the caregiver has the potential to maximize the quality of care received by the elder as well as enhance the well-being of the caregiver. Both quantitative and qualitative data collection strategies were used. The sample population consisted of 30 women aged 36-59 who were caring for an infirm elder, 60 years or older, in the home. A descriptive correlational design was implemented. Variables which were measured included coping behaviors, Jaloweic Coping Scale and Norbeck Social Support Scale, and perceived level of stress. Additionally, open-ended interviews were conducted in which the focus was perceived disruptive in family routines/rituals and ceremonials.

The ongoing data analysis includes Pearson Product Moment Correlations and content analysis of the qualitative data. Initial findings indicate that subjects with lower perceived levels of stress appear to have stronger support systems and to utilize a greater number of coping strategies. Additionally, content analysis substantiates the profound impact of the frail elder on the family system. Finds indicate the need for further research in the area.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION II

I

COLLEGE UNION 310

2:10 P.M.

MODERATOR: DR. MARIAMMA MATHAI

SOCIAL SUPPORT AND MATERNAL PERCEPTIONS IN PRIMIGRAVIDAS

Jennifer Hughes, B.S.N.

3042 West Palo Alto
Fresno, California 93711

A descriptive correlational study was conducted to examine the relationship between social support and material perceptions in primigravidas before and after childbirth. The sample included forty expectant primigravida women. The mothers were English speaking between the ages of 17 to 35 with no chronic disease, illness, or complications of pregnancy, labor/delivery, or postpartum, delivering full term infants who were discharged home with their mothers. Forty volunteers were sought from local childbirth classes. During one of their last three classes, the research study was explained and informed consent was obtained. Data was coded and confidentiality maintained. Broussard's Neonatal Perception Inventory (NPI-I), which measures maternal perceptions of their baby versus the average baby was administered along with the Personal Resources Questionnaire (PRQ) developed by Weinert and Brandt, to assess degree of social support. Approximately four weeks postpartum, the participants were contacted by phone and the NPI-II was administered which measures maternal perceptions in the postpartum period. The data collection has been completed, with the results now being analyzed and evaluated.

NURSING INTERVENTION IN THE MATERNAL PERCEPTION OF THE PREMATURE INFANT

Lynne Brownell, MSN

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Fresno, California

The present study investigated whether intervention by the nurse would affect maternal perceptions of the premature infant. A non-equivalent posttest-only control group design was employed with nursing intervention as the independent variable and the mother's perception of her premature infant as the dependent variable. The experimental group received nursing intervention (i.e., an explanation of the neonate's behaviors and characteristics) following the Neonatal Brazelton Assessment Scale. The control group received no intervention. The mother's perceptions were evaluated by use of the Neonatal Perception Inventory and the Degree of Bother Inventory mailed one month after the discharge of the infant from the hospital. Contrary to prediction, the mothers who received nursing intervention based on feedback regarding their infant's behaviors and characteristics, did not differ in their perceptions of their premature infant from those mothers who did not receive intervention. Possible explanations for failure to support the hypothesis are discussed.

ABSTRACTS OF RESEARCH

FOR

CONCURRENT RESEARCH SESSION II

J

COLLEGE UNION 311

2:10 P.M.

MODERATOR: DR. ELIZABETH "SAM" WILKERSON

THE STABILITY OF AXILLARY AND RECTAL TEMPERATURES BY ELECTRONIC THERMOMETER MEASUREMENT IN CHILDREN

Julie Bright, M.S.N.

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Department of Baccalaureate Nursing
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La Mirada, California 90638

This study sought to assess the stability of axillary versus rectal temperatures by electronic thermometer measurement in toddlers. Currently, rectal (R) temperatures are a standard nursing procedure for ill and well toddlers in acute care and clinic settings. Since R temperatures are intrusive, they may impede the establishment of a trusting nurse-patient relationship; additionally, R temperatures have the potential for greater physiological harm than axillary (A) temperatures. Therefore, if A temperatures can be substantiated to be as reliable as R temperatures in toddlers, health professionals would be presented with a choice of temperature monitoring methods.

The convenience sample was comprised of 68 well children, ages 12-36 months (X age = 24 months). Informed consent for the children's participation in the study was obtained from parents attending a metropolitan well-child immunization clinic. Subjects represented 5 ethnic groups. A and R temperatures were taken simultaneously on each subject. Each A and R temperature was taken in 2 modes: the predictive (P) mode; the monitoring (M) mode (temperature readout after one minute stabilization). Variables accounted for included time of day, environmental temperature, and length of time for temperature readouts.

Four Pearson product moment correlations were calculated, i.e., A-P, A-M, R-P, R-M. Additionally, an ANOVA was executed on the means of the four temperatures ($p < .01$). The findings rejected the null hypothesis of no difference between A and R temperature measurements. In other words, the R site presents as a more stable temperature measurement than the A site. Implications for clinical practice include the continued administration of R temperatures. Since this is the first study comparing the stability of A and R temperatures in both the P and M modes on toddlers, replication of the research is indicated.

A ONE YEAR MORTALITY STUDY OF THE MOST CRITICALLY-ILL CHILDREN IN A PEDIATRIC INTENSIVE CARE UNIT

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Intensive care interventions that prolong life, only to be brief or of poor quality, raise doubts about the purpose of intensive care. Decision-making is often not easy and controversial. Predictors of mortality in the pediatric population would be helpful for decision-making models specific for this age group.

The purpose of this study was to identify characteristics of survivors and non-survivors among a group of critically-ill children treated in a pediatric intensive care unit, who receive two or more of the following: mechanical ventilation, intra-arterial line, and sympathomimetic agents. A retrospective chart review revealed 91 children who fit the sample selection criteria: 64 were survivors and 27 non-survivors. Hypotheses were framed related to patient characteristics and cost of care.

Analyses were performed using Fisher exact test and Kruskal-Wallis ANOVA. There was no significant difference between survivors and non-survivors based on age and sex and the number of intensive care unit days. Of significance was that non-survivors had fewer hospital days than survivors ($p = .006$). When compared to an adult population study with similar parameters, there were far more survivors in the pediatric population.

Because age and sex did not predict survival, studying physiologic measures as well as other variables beyond the child is indicated. To better utilize the health care dollar the decision-making process regarding who shall or shall not receive intensive care needs to be better defined.

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